DOCUMENT RESUME

ED 256 687 SO 016 431

TITLE	U.S. Perspectives: International Action on Aging. A Background Paper Prepared by the American Association for International Aging for the Select Committee on Aging. House of Representatives, Ninety-Eighth Congress, Second Session.
INSTITUTION	Congress of the U.S., Washington, D.C. House Select Committee on Aging.
REPORT NO	House-Doc-98-478
PUB DATE	Jan 85
NOTE	81p.
PUB TYPE	Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Aging (Individuals); Comparative Analysis; Demography; *Futures (of Society); Global Approach; *International Cooperation; *Older Adults; Population Distribution; Public Policy; Social Action
IDENTIFIERS	Congress 98th; *United Nations

ABSTRACT

In response to challenges and guidelines set forth in the 1982 International Plan of Action on Aging (IPAA) by the World Assembly on Aging, this background paper summarizes (1) immediate and long-range reasons for the World Assembly; (2) content and significance of the IPAA and the factual base on which action plan decisions were made; (3) follow-up steps taken within the United Nations system since the World Assembly; (4) similarities and diversities among peoples as they become more aware of aging as a factor affecting the quality of life for all generations; and (5) the past and future role of the United States in supporting recommendations of the IPAA, in expressing its support for a continuing U.N. priority to aging concerns, and in maintaining communication with other nations on aging issues of mutual concern. Data in chapter one build a case for action on aging. Several key points of the IPAA are made in chapter two. In chapter three, responses by the United Nations and by individual nations since 1982 are detailed, while chapter four focuses specifically on past and future responses of the United States. Appendices include a fact sheet on the American Association for International Aging, the complete text of the IPAA, an annotated list of trust fund projects approved or earmarked for funding, a state department report on the World Assembly on Aging, and the concluding chapter of Charlotte Nusberg's "Innovative Aging Programs Abroad: Implications for the U.S." (LH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED256687

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

[COMMITTEE PRINT]

U.S. PERSPECTIVES: INTERNATIONAL ACTION ON AGING

A BACKGROUND PAPER

PREPARED BY THE

AMERICAN ASSOCIATION FOR INTERNATIONAL AGING

FOR THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES
NINETY-EIGHTH CONGRESS

SECOND SESSION

JANUARY 1985

Comm. Pub. No. 98–478

Printed for the use of the Select Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE
46-802 O WASHINGTON : 1984

Y4.Ag4/2:98-478

SELECT COMMITTEE ON AGING

EDWARD R. ROYBAL, California, *Chairman*

CLAUDE PEPPER, Florida
MARIO BIAGGI, New York
IKE ANDREWS, North Carolina
DON BONKER, Washington
THOMAS J. DOWNEY, New York
JAMES J. FLORIO, New Jersey
HAROLD E. FORD, Tennessee
WILLIAM J. HUGHES, New Jersey
MARILYN LLOYD, Tennessee
STAN LUNDINE, New York
MARY ROSE OAKAR, Ohio
THOMAS A. LUKEN, Ohio
GERALDINE A. FERRARO, New York
BEVERLY B. BYRON, Maryland
WILLIAM R. RATCHFORD, Connecticut
DAN MICA, Florida
HENRY A. WAXMAN, California
MIKE SYNAR, Oklahoma
BUTLER DERRICK, South Carolina
BRUCE F. VENTO, Minnesota
BARNEY FRANK, Massachusetts
TOM LANTOS, California
RON WYDEN, Oregon
DONALD JOSEPH ALBOSTA, Michigan
GEO. W. CROCKETT, Jr., Michigan
WILLIAM HILL BONER, Tennessee
IKE SKELTON, Missouri
DENNIS M. HERTEL, Michigan
ROBERT A. BORSKI, Pennsylvania
FREDERICK C. (RICK) BOUCHER, Virginia
BEN ERDREICH, Alabama
BUDDY MacKAY, Florida
HARRY M. REID, Nevada
NORMAN SISISKY, Virginia
TOM VANDERGRIFF, Texas
ROBERT E. WISE, Jr., West Virginia
BILL RICHARDSON, New Mexico

MATTHEW J. RINALDO, New Jersey,
Ranking Minority Member
JOHN PAUL HAMMERSCHMIDT, Arkansas
RALPH REGULA, Ohio
NORMAN D. SHUMWAY, California
OLYMPIA J. SNOWE, Maine
JAMES M. JEFFORDS, Vermont
THOMAS J. TAUKE, Iowa
JUDD GREGG, New Hampshire
GEORGE C. WORTLEY, New York
HAL DAUB, Nebraska
LARRY E. CRAIG, Idaho
COOPER EVANS, Iowa
JAMES A. COURTER, New Jersey
LYLE WILLIAMS, Ohio
CLAUDINE SCHNEIDER, Rhode Island
THOMAS J. RIDGE, Pennsylvania
JOHN McCAIN, Arizona
MICHAEL BILIRAKIS, Florida
GEORGE W. GEKAS, Pennsylvania
MARK D. SILJANDER, Michigan
CHRISTOPHER H. SMITH, New Jersey
MICHAEL DeWINE, Ohio

JORGE J. LAMBERDOS, *Staff Director*
PAUL SCHLEGEL, *Minority Staff Director*

FOREWORD

Global prespective on major issues of the day is crucial, particularly when developed *in anticipation* of crisis, rather than *during* crisis.

This background paper is dedicated to the reality that the worldwide aging of populations, already a subject worthy of thoughtful examination and action, will become even more so during the next few decades. The "crisis" in this case is one of the future. It can be avoided. It can even become a source of pride, rather than despair and misery, *if* nations of the world recognize that aging populations will influence their destinies in direct ways, calling for responsive action in the very near future and for decades to come.

The challenge is more than one of mere numbers. In the more industrialized nations, policy makers are already struggling to assure that retirement income, long-term care, housing, and other key needs of older persons are met now and in the future. Fundamental questions are being raised about such matters as family and governmental interaction, imbalances in health systems more geared to acute illness rather than chronic problems, continuation of employment opportunities for as long as desired, and much more. In less developed nations, struggling with many problems of the moment, the tendency often is to put the aging revolution on hold, to assume somehow that families and charities can deal with all change.

In point of fact, both groups of nations face far-reaching social and economic adjustments related to the growing numbers and proportions of their aged populations. United Nations projections indicate that the percentage aged 60 and over in the more developed regions, (11 percent in 1985), will be 22 percent in the year 2025. The percentage in less developed countries, (7 percent in 1950), will be over 11 percent by 2025. The dramatic surge in the developing regions can be put another way: from 1975 to 2025, the numbers of persons 60 and over will more than quadruple, increasing from 180 million to 806 million people and thus accounting for over 70 percent of the 60-plus world population.

Fortunately, the first step towards comprehensive, cooperative action on aging on a world scale has been taken. The World Assembly on Aging, conducted by the United Nations in 1982, provided an International Plan of Action on Aging, recommending national, regional, and international action. Perhaps equally important was the fact that nations traded information about similarities and differences about the impact of aging on their peoples, helped considerably by a body of information and insights developed for the Assembly. Another important achievement was the establishment of a framework for followup for study and action.

This background paper is being issued by the House Select Committee on Aging to help assure that the United States takes a positive and productive role in those followup activities. In a number of ways, this year will be critically important to the future of the U.N. International Plan of Action on Aging. The U.N. will receive progress reports from nations that participated in the Assembly in 1985, the U.N. will use the national reports to help it chart its own next actions carrying out its part of the action plan.

It is imperative that the United States continue the leadership role it assumed before and during the World Assembly. As described in the following chapters, both Houses of the Congress took an active part in assuring that the United States did indeed take a leadership role. Since the Assembly, members of the Congress asked for word from the Executive Branch on steps it can take to do its part in maintaining the momentum provided by the World Assembly. These inquiries are also described in this background paper.

The House Committee on Aging appreciates the initiative taken by the American Association for International Aging for its assistance in the preparation of this paper. AAIA, a private organization dedicated to a creative United States response to the World Assembly, is providing practical assistance to older persons in Third World Nations.

As it deals with its own formidable array of demands and opportunities arising from the aging of our population, the United States stands to benefit from exchanges of information and ideas with other nations. The House Committee on Aging has recognized this fact in other publications. It offers this paper in that same spirit.

EDWARD ROYBAL, *Chairman.*

CONTENTS

	Page
Foreword	iii
Introduction	vii
Chapter One: The Case for Action	1
Demographics: Patterns and Variations	1
Variations in the Patterns	2
A Surge Among Developing Nations	3
A Preponderance of Women	3
Urban Concentrations	4
Population Paradoxes	5
Conclusion	6
Chapter Two: The World Assembly Call for Action	7
Forerunners of Agreement	7
Major Themes, Recommendations of IPAA	8
IPAA Recommendations	9
Major Points of Agreement	10
Followup Action	11
Chapter Three: Since the World Assembly	13
The United Nations Response	13
Actions by Individual Nations	20
The Value of Comparisons	22
Chapter Four: Past, Future Roles of the United States	25
Early Actions	25
Before and During the Assembly	26
After the Assembly	26
Executive Branch Replies	27
Footnotes	29

APPENDICES

Appendix 1: Fact sheet on American Association for International Aging	31
Appendix 2: Text—International Plan of Action adopted at World Assembly on Aging and by U.N. General Assembly, 1982	32
Appendix 3: Trust Fund Projects approved or earmarked for funding by the Trust Fund for the World Assembly on Aging	66
Appendix 4: The U.S. Appraisal: Why Was the Conference a Success? A State Department report on the World Assembly on Aging	69
Appendix 5: Concluding Chapter of Charlotte Muesberg's "Innovative Aging Programs Abroad: Implications for the U.S."	71

U.S. PERSPECTIVES: INTERNATIONAL ACTION ON AGING

(A Background paper prepared by the American Association for International Aging for use by the House Select Committee on Aging)*

INTRODUCTION

Two years after the United Nations World Assembly on Aging, an incipient but promising response is taking place at national and international levels.

This brief report summarizes:

1. immediate and long-range reasons for the World Assembly;
2. content and significance of International Plan of Action on Aging adopted at the Assembly and the factual base on which Action Plan decisions were made;
3. followup steps taken within the U.N. system and by individual nations since the World Assembly;
4. similarities and diversities among peoples as they become more aware of aging as a factor for improvement or deterioration of the quality of life for all generations; and
5. the role of the United States before, during, and after the World Assembly in seeking focused attention to aging as a worldwide influence on the destiny of nations.

One reason for the release of this progress report at this time is that 1985 is to be the year of participating nations in the World Assembly to provide the United Nations with details on their individual responses to challenges and guidelines set forth in the World Assembly International Plan of Action on Aging.

The United States Congress, which played and active role in mustering U.S. leadership in authorization of and preparations for the World Assembly, has indicated since 1982 that it expects the U.S. to continue its lively concern about the need for worldwide attention to aging in its present and future forms.

This document is intended to provide a benchmark from which further progress can be measured.

URGENCY: AND LONG-RANGE CONCERNS

As the following pages will stress, nations of the world already have ample reason for sharpening their attention to aging issues. In demographic terms, the upsurge of elders is a remarkable worldwide phenomenon which is causing vast public policy, economic,

*For additional information about American Association for International Aging, see Appendix One.

and social change in some countries and the dawning of concern in others.

But it is also clear that the most sweeping adjustments, particularly in developing nations, are yet to come. The next four decades will intensify an aging revolution in the midst of a world population revolution. A point made frequently at the World Assembly was that it is imperative to make use of this period to assure that these adjustments will be smooth rather than disruptive, humanitarian rather than harsh.

As the U.N. Secretary-General told the Assembly:

> This is, in fact, one of few occasions when an issue of global impact and importance is being faced at a relatively early stage—before it is to late.
>
> The process of aging, to the extent that it is a problem, can be faced in a positive and constructive manner, if it is recognized and dealt with in time. The whole purpose and thrust of this forward-looking Assembly—its common pledge to meet the problems and make the best out of the challenges before us—is the most encouraging message we can convey to the international community.

The U.S. Interest

Official U.S. reports on the Assembly describes it as successfully achieving its major objectives, with a surprising degree of accord. Chapter 4 provides additional information about strong support given by the United States and the reasons for satisfaction with the Assembly outcomes. To some degree, the United States interest was prompted by the magnitude of the aging of its own population. Richard Schweiker, then Secretary of Health and Human Resources, led the U.S. delegation. His statement to the Assembly declared:

> Since the beginning of this century, the number of older Americans [the Secretary was using the official U.N. age, 60, to designate older persons] has exploded from 4.9 million to 35 million—a rate of growth *three* times higher than for the population under 60. Today, there are more Americans over 60 than there are teenagers or children aged ten or under. By the year 2000, there will be some *42* million Americans aged 60 and over—and by the year 2030, nearly *one* in every *four* citizens of the United States will be aged.
>
> So you can see that in my country—as in yours—we're going to have to anticipate the social changes arising from the large numbers of older person in our societies.

Secretary Schweiker's call for foresighted action within his own nation was accompanied by his recognition of the need for cooperation at the global, regional, and local levels for exchange of information, technical assistance with special attention to the less developed nations, and maintenance of a priority attention to aging within the entire U.N. system.

The ultimate purposed of such exertions was expressed by President Ronald Reagan, one of three heads of state to send a message to the Assembly:

> Older persons must have a secure place in society. They must be given the opportunity to contribute both socially and economically. Above all, they must not be denied the dignity that comes from being wanted, needed, and respected.

CHAPTER ONE

THE CASE FOR ACTION

Aging developed as a matter for priority concern at the United Nations throughout the 1970s.[1] As early as 1973, a U.N. document announced striking population projections and declared:

> Aging may become one of the crucial social policy questions of the latter third of the twentieth century.[2]

U.N. members and staff gradually built a body of additional data supporting the need for concerned factfinding and action.

The World Assembly, authorized in 1978, served to intensify U.N. research. Among the fruits of this effort were startling data serving to make the case for action on aging even more compelling than it had appeared before.

Demographics: Patterns and Variations

Aging on a massive scale has been brought about in the Twentieth Century, according to the United Nations, because of:

1. The control, in many regions of the world, of perinatal and infant mortality;
2. A decline in birth rates; and
3. Improvements in nutrition, basic health care, and the control of many infectious diseases.

The result of these and other factors is sharp increase in the 60-plus population of the world:

1950	200 million.
1975	350 million.
2000 (projected)	590 million.
2025 (projected)	1.1 billion.[3]

This 1.1 billion total projected for 2025 represents *an increase of 224 percent over 1975,* as compared to 102 percent increase—from 4.1 billion to 8.2 billion—for the entire world population during the same period.

The percentage of 60-plus humanity on our globe forty years from 1985 will be 13.7, as compared to 8.5 percent in 1975.

The Very Old.—Those persons aged 80 and up will rise proportionately higher than the rest of the 60-plus group.

Their number worldwide was 32 million in 1975. *That number is likely to increase more than threefold, to 111 million, by 2025.*

Only five nations had more than 1 million 80-plus persons in 1950: in 1975 this number had increased to nine; it is expected to be 17 in 2025.

For that same year, the total 80-and-above group—generally recognized as most in need of long-term health care—is projected as follows in the top five nations:

	Millions
China	25.7
India	10.6
U.S.S.R.	10.1
U.S.A.	7.7
Japan	5.9

OTHER CHANGES, AS WELL

Sheer growth in the number and proportions of the older population cause other changes in the world's age structure.

The United Nations identifies these probable changes as:

1. Declining proportions of children in national populations will increase the proportion of older adults.

In the developing regions, the population less than 15 years of age is expected to *decline* from an average of 41 percent in 1975 to 33 percent in 2000 and 26 percent in 2020. (While the 60-plus will increase from 7 percent in 1975 to 12 percent in 2025—or about to the same ratio experienced by the more developed nations in the 1950s.)

For the more developed nations, the 1975 level of 25 percent of persons below age 15 in 1975 will decline to 21 percent in 2000 and 20 percent in 2025. But for the 60-plus group, the 1975 percentage of 15 percent in 1975 is expected to be succeeded by 18 percent in 2000 and 23 percent in 2025.

2. At the same time, life expectancy at birth is likely to increase and to raise life expectancies at age 60.

Thus, U.N. model life tables suggest an increase of approximately one year in life expectancies at age 60 for the more developed regions between 1975 and 2025; a man at that age could expect an average of another 17 years of further life; a woman 21.

The projected expectancy increase for less developed regions would be 2.5 years during the same period. For 60-year-old men, the average remaining years of life would be 16; for women, 18.

Therefore, in numbers and proportions the number of older persons will sharply increase, and they will live significantly longer lives.

VARIATIONS IN THE PATTERNS

Frequently, U.N. publications warn that its projections are grand totals covering vast populations in widely varying regions.

They ask that attention be paid to the "underlying diversity" which makes generalizing difficult and even misleading.

For example, global regions will differ significantly in 2025 in their proportions of the 60-plus population.

Africa is expected to have 6.6 percent;
Latin America, 10.8 percent;
North America, 22.3 percent;
East Asia, 19.6 percent;
Europe, 24.7 percent;
Oceania, 17.8 percent.

Other wide variations are likely to exist in "age dependency ratios," which show the relationship of the total population of the 0–14 age group and the 60-plus group.

Africa will have a marked decrease among 0–14s, offsetting the rise in the 60-plus group. The combined dependency ratio, 984 in 1975, is expected to decrease to 688 in 2025. (*Dependency ratio is defined as the ratio of the population aged 0–14 and 60 and over, to those aged 15–59 multiplied by 1,000.)

East Asia also will follow a similar pattern, from 784 in 1975 to 634 in 2025.

But for Western Europe, the decline in the 0–14 population will be more than offset by the 60-plus increase. The combined total dependency ratio will probably increase from 718 to 809.

A Surge Among Developing Nations

Important as it is to recognize diversity, it is also essential to acknowledge the significance of fact that *the groups of nations usually described as "less developed" already have the bulk of the 60-plus population of the world, and their rate of increase will take them far beyond the more developed regions within the very near future.*

In the more developed countries: (MDCs)

There were 95 million on 60-plus persons in 1950, 166 million in 1975, and a probable 230 million in 2000 and 315 million in 2025.

In the less developed countries: (LDCs)

The 1950 total, 119 million, exceeded the developed nations 60-plus total by almost 25 million; the 1975 total, 180 million, was still significantly ahead of the developed areas. But in the year 2000 the disparity will be startling, 360 million in the LDCs to the MDCs 230. And in 2025 the LDCs will have 806 million, or 72 percent of the world's aging population.

A Preponderance of Women

Familiar as it is in the United States and other industrialized nations, the phenomenon of the "feminization" of old age is even more striking on a global scale.

The following table tells the story:

SEX RATIO (NUMBER OF MEN PER 100 WOMEN IN SAME AGE GROUP) IN THE LESS DEVELOPED AND MORE DEVELOPED REGIONS, 1975 AND 2025

Age group	1975		2025	
	Less developed regions	More developed regions	Less developed regions	More developed regions
60–69	96	74	94	78
70–79	88	62	86	75
80+	78	48	73	53

The slight improvement in the more developed regions will be counterbalanced by the decline in the less developed regions.

Women's persistence in remaining the majority of the older population may, in the words of the U.N. International Action Plan, "have some impact on living arrangements, health care and other support systems."

The situation of widows is seen in one U.N. background paper as mandating attention:

In the developed countries they are a highly vulnerable population; in the developing countries they are likely to be still worse off, particularly in cultures which assign the leading role to the man and which, for example, do not allow widows to remarry. The problems of widows will assume particular importance, when, as a result of greater longevity and excess male mortality, they constitute the majority of the elderly female populations.[4]

URBAN CONCENTRATIONS

Urbanized 60-plus individuals, 46 percent of the total aged population in 1975, is likely to reach 55 percent in 2000, thus changing the world profile of the average elderly person from a rural to urban one.

Thus, in the same 25-year period, the number of urban 60-plus persons will more than double, from 156 million to 318 million, while the rural elderly will increase by 41 percent, or from 182 to 258 million. An expected 60 percent of women aged 70 and over will be living in urban areas by 2000, against 50 percent in 1975.

It is noteworthy that approximately 75 percent of all 60-plus persons in more developed regions will be urban dwellers in 2000.

But it should also be recognized that the urban total for the less developed region 60-plus population in the same year will be 42 percent.

U.N. publications warn of a likely deterioration in the status and the quality of life for older persons in rapidly growing urban centers of LDCs unless major efforts are made to maintain family support systems or to find suitable substitutes.[6]

One reason for anticipating a sharp rise in urban concentrations in nations now regarded as less developed is the staggering growth of mega-cities in many such nations. Some indication of likely growth in such areas is provided in this sampling provided by the World Bank:

Selected Urban Agglomerations of more than 10 million inhabitants: 2000

	Millions
Mexico City	31.0
Sao Paulo	25.8
Greater Bombay	17.1
Calcutta	16.7
Jakarta	16.6
Manila	12.3
Karachi	11.8
Tehran	*11.3

One U.N. study detects direct implications for the situation of the elderly in the "growth of big cities at the expense of the rest of the country." Many of the older persons in such settings "live in town without belonging there because they came with younger members of the family or because they were obliged to leave their villages when they could no longer keep the ownership or the use of the land." Sao Paulo, the most industrial state of Brazil, already houses 90 percent of the 60-plus population in the vast state capital, but the U.N. study asks what fraction of its population receives help from its notable but limited social programs. It adds:

> Too rapid an expansion of urban areas prevents the spontaneous development and consolidation of local institutions in which the elderly would have their role to play and an opportunity for human relations while the younger people were at work or seeking employment. Some writers point to the maintenance of some community institutions, for instance in Africa (Ghana, Kenya, etc.). If these are, in fact, nuclei corresponding to clans, tribes, and ethnic groups, a way can perhaps be found here of facilitating the social integration of the old in the towns.[7]

Population Paradoxes

One reason to expect sharp growth in the 60-plus population from 2010-2025 is the birth boom between 1950 and 1965. The babies of that period will become the 60-plus within the first 15 years of the next century, now a mere 16 years away.

Similar waves of elders will continue to rise, clearly, if current population trends continue. Already, those trends have been remarkable. In just a little over 30 years—from 1950 to the present, the world population had nearly doubled—growing from 2.5 billion to almost 4.8 billion. The bulk of that growth has been in less developed countries.

A new World Bank report projects that that number is likely to double again, to almost 10 billion by the year 2050. More developed nations would grow from about 1.2 billion today to 1.4 billion in 2050. Less developed nations would grow from 3.6 billion to 8.4 billion.[8]

India, with a projected 1.7 billion, would probably become the most populous nation on earth (China, now the leader with more than 1 billion, is making extensive and apparently successful family planning efforts.)

Other changes anticipated by the World Bank for 2050:

Bangladesh, a country about the size of the state of Wisconsin in the United States, would have a population of 450 million. Nigeria, Ethiopia, Zaire, and Kenya, among the most populous countries in Africa, would have populations of 620 million, 230 million, 170 million, and 150 million, respectively. As a group, sub-Saharan Africa and South Asia—today's poorest countries, with the fast population growth—would account for 50 percent of the world's people, compared with 30 percent today.

Views on the impact of such growth vary sharply. Fear about strain on worldwide natural resources motivates some critics to call for sharply increased family planning efforts. Others retort that people are the world's most precious resource and that governments should be more bold in accommodating greater numbers of them. The World Bank, emphasizing that the costs of rapid population growth vary sharply from nation to nation, takes a position it regards as "neither hopeless nor overly optimistic." It does not accept finite resources on a worldwide basis as a basis for alarm, nor does it equate rapid population growth as an automatic trigger for technological advance:

If anything, rapid growth slows the accumulation of skills that encourage rapid technological advance, and insofar as there are diminishing returns to land and capital, is likely to exacerbate income inequalities. This is most obvious at the family level, where high fertility can contribute to a poor start in life for children. But it is also true for countries as a whole.[9]

One reason for high numbers of children is the tendency to regard them as a form of wealth and a potential source of support in old age. The World Bank report gives the example of a man in a small village in Asia or Africa who has two sons and who dreams of having two or more children to help him acquire more land to clear and harvest. Recent health improvements in the village have made it more likely that more of the children born now will survive, and children cost very little in terms of food because they can become work partners. The World Bank notes:

This is not just one man's plan. It is shared by almost every man in the village. Some may succeed; the majority will not, simply because the amount of land in the

village is limited. If all families try to have five or more children, population will double in less than a generation. Most children will have less land than their fathers.[10]

The other side of the picture is beginning to emerge in China, where concerted family planning efforts have already slowed population growth. One of the economic implications of lowering fertility well below replacement level is that there is likely to be a large increase in the proportion of the elderly. At present, only about 15 percent of the Chinese labor force are covered by pensions, and very few of those covered are in rural areas. The World Bank observes:

The most severe burden will be created by the large cohorts of the late 1960s and early 1970s, who are now beginning to enter the labor force. Pension funds to cover the retirement and of these workers with opportunities to earn interest and reinvest the substantial net income that such funds would receive in their early years are urgent if present population policies continue; indeed, they may well be necessary to sustain the desired fertility decline. But they will be difficult to finance at China's still relatively low-income level.[11]

(See chapter Three for a discussion of aging issues raised at the 1984 World Population Conference, held in Mexico City.)

Conclusion

Clearly, a rich array of paradoxes can arise from the fact that the aging of populations is occurring simultaneously with a multifaceted population revolution, while at the same time extensive efforts are being made to establish development strategies to improve the economic status of poorer nations. The need for linking elements of change in studies and plans affecting the elders of the world is suggested in this passage from a U.N. document on developmental issues:

Demographic evolution . . . tends to lead to the isolation of the elderly. To this is added a process arising out of development itself which marginalizes the "old". This process of isolation, which is new and may take on substantial dimensions, creates a dilemma for Governments. Isolation necessitates the establishment of services to protect the elderly. But how is this protection to be afforded without reducing the role of the family and aggravating the process? Action to maintain a precarious equilibrium between governmental, community, family and individual activities is a delicate matter and requires constant attention.

Countries which have opted for a policy of birth control, essentially for economic reasons, know or should know that new problems may arise in the future since in the meantime their economic development will not have reached a sufficient level. The respite provided by "demographic inertia" (that is, the time necessary for the demographic structure and regime to undergo a lasting change) is welcome if exploited to draw up a social policy to meet the needs of the aged, one which takes account both of their number and of their proportion.[12]

CHAPTER TWO

THE WORLD ASSEMBLY CALL FOR ACTION

One hundred twenty-four nations sent delegations to the World Assembly on Aging from July 26–August 6, 1982, in Vienna, Austria.

Their product, an International Plan of Action on Aging (IPAA) intended to help guide nations adjust to an "Age of Aging," was accepted unanimously, without the formality of a vote.

The remarkable degree of agreement was achieved in part because of widespread realization that aging has such strong economic, developmental, and humanitarian ramifications that nations ignore it at the peril of their peoples. Preparatory meetings held in the United States and elsewhere also helped set the stage for success at Vienna.

Another reason for the general concurrence was that the national representatives took care to pose their challenges in terms acceptable to the disparate conditions in both developing and developed nations.

The complete text of the IPAA appears as Appendix Two to this paper. This chapter discusses several key points made in the plan.

FORERUNNERS OF AGREEMENT

Ambassador John W. McDonald, veteran of international conferences and U.S. State Department Coordinator for the World Assembly on Aging, and currently the Chairman of the Board of the American Association for International Aging, has provided perspective on the work of the Assembly by asking:

What can you accomplish with 2,000 delegates in a 2-week period?

And replying:

The secret to that is advance preparation on all fronts much of which depends on the selection of somewhat apolitical people who have the relevant substantive knowledge to fill the various leadership roles. There were 15 preconference gatherings. These were critical to the success of the Conference because the delegates from the specific regions of the world were able to interact on the subject of aging before they attempted to discuss the draft document in a 2-week period.[1]

The gatherings to which the Ambassador referred included:

—three sessions of a 23-nation International Advisory Committee.

—seven regional technical meetings, primarily of experts, including one in Washington, D.C., during June 1981 for Canada and the United States.[2]

—Governmental meetings in each of the five geographical regions of the world (Asia, Africa, Latin America, Western Europe and Eastern Europe, to consider the reports from the technical meetings and to work on what became known as the

Draft Plan of Action (the document that served as the basis for discussion at Vienna).

Another unique aspect of preparations for the World Assembly identified by Ambassador McDonald was the strong involvement of non-governmental organizations (NGOs). Former NGO participation had been frustrated because of communication gaps with official delegations to U.N. conferences. But in this case:

> Things were done differently. First, the NGOs organized and held their own conference four or five months prior to the meeting in Vienna. At their conference the NGOs developed their own Plan of Action which was later made available to the third Advisory Committee meeting and to the Secretariat. There were over 350 participants from 159 organizations representing 43 countries, which is a very large cross-section, in attendance.[3]

Many NGO ideas were incorporated into the final documents, as NGOs became part of the World Assembly deliberations. The North American technical meeting also made a major contribution; a number of the final IPAA recommendations are similar to those made at the Washington, D.C. meeting a year before.

Ambassador McDonald later noted that "the one short, 40-page document which was finalized at the World Assembly evolved out of five or six feet of different documents submitted from all parts of the world."

Major Themes, Recommendations of IPAA

Sixty-two recommendations are advanced by the IPAA. They are preceded by several statements of principle worthy of note:

—acknowledging the formidable nature of the statistical challenges posed by growth of aging populations, the IPAA nevertheless declares that the quality of life is no less important than longevity.

—its recommendations are not solely for the benefit of a vulnerable minority, but are important to all age groups.

—the progressive aging of societies and the continuing increase of the elderly population in absolute and proportional terms is neither an unexpected or unforeseeable event, nor a random result of national and international development efforts:

> It is the first and most visible outcome of a sectorally based approach to socio-economic development all over the world and should be accompanied by equally efficient interventions in other areas in order to ensure balanced growth and integrated development.

—two broad categories of issues would be considered: humanitarian (those affecting the aging as individuals), and developmental, those relating to the aging of entire populations. Without a balance view of both kinds of issues, the implications of aging—as they affect *all* nations cannot be understood.

—among the points about social security systems was an IPAA rejection of the concept that accrued benefits gradually freeze a large share of the national wealth for so-called nonproductive purposes:

> On the contrary, it will probably be recognized that the accumulation of retirement funds could constitute a stabilizing factor in the national economy, in the sense of providing for long-term and conservative utility sources of funding on a substantial scale . . . Similarly, most pension payments

from retirement funds represent deferred earnings by the individual retirees.

IPAA Recommendations

Major observations and action proposals included:

Forced Retirement.—On the matter of long-time employees making way for younger persons in tight job markets, the IPAA was emphatic:

> Whatever the apparent wisdom of lowering retirement age levels in order to open up employment opportunities for the young, such action can hardly be seen as anything but a short-term, and partial solution of one social problem through the creation of another, probably a longer-lasting one. More innovative actions should be considered at both extremes of the labor force structure.

Health.—Care of the elderly, said the IPAA "should go beyond disease orientation and should involve their total well-being, taking into account the interdependence of the physical, mental, social, spiritual, and environmental factors." Asking for greater attention to preventive health practices and training for caregivers including family members, the IPAA also asked for a proper balance between institutions and that of the family in providing such care. It registered this complaint about old age as an age of no consent:

> Decisions affecting aging citizens are frequently made without the participation of the citizens themselves. This applies particularly to those who are very old, frail, or disabled. Such people should be served by flexible systems of care that give them a choice as to the type of amenities and kind of care they receive.

Home care was seen as an important part of the health care delivery system.

Housing.—Many of these recommendations were strikingly similar to those adopted at the North American meeting. A key principle was that housing should be viewed as more than shelter, since it has psychological and social significance, as well. A prime goal was to help the aged live in their own homes as long as possible. Another is better coordination of housing programs with community services.

In cases where housing is designed expressly for the elderly, it should be of "various types to suit the status and degree of self-sufficiency of the aged themselves together with local tradition and customs.

It was reported that developing nations are in some cases formulating master plans for territorial and urban development, decentralizing economic and social activities to the regions in order to create means of making a livelihood there to help halt the exodus to urban areas.

Family.—Concerns include (1) an increase in the number of four- and five-generation families, often causing strains among adult daughters who "become caught between the desire and need to work and earn income and the responsibility of caring for elderly parents or grandparents (2) the need for governments and non-governmental bodies to establish social services to support the whole family when there are elderly people at home and to implement measures especially for low-income families wishing to keep elderly people at home, and the desirability of helping able and active elderly persons to establish mutual self-help practices.

40-802 O - 85 - 3

Income Security.—Recommendations ask governments to assure all older persons an appropriate minimum income, through social security plans based on universal coverage where possible and through other means—such as direct assistance to families and local cooperative institutions—where it is feasible.

One of the many IPAA references to women is made:

> In social security systems, governments should make it possible for women, as well as men, to acquire their own rights, taking into account periods devoted to parental and family duties as well as time in paid employment.

Older Workers.—A number of recommendations are intended to assist older persons find or return to employment. Mandatory retirement issues are touched on only tangentially in a recommendation asking governments to take or encourage measures to ensure a smooth transition from active working life to retirement, and, in addition, make the age of entitlement for a pension "more flexible."

Education.—For aging and *by* the elderly receives strong support in several substantial recommendations.

Research.—The need for improved data collection is stressed. High priority is given to research related to the developmental and humanitarian aspects of aging.

In addition:

> The dramatic increase in the number and proportion of older persons calls for a significant increase in training.

Major Points of Agreement

Within the IPAA and in the discussions preceding its adoption, certain generalizations attracted such widespread agreement that they seem to have a certain universality. Among them:

- —institutionalization for the ill or isolated should be the treatment of last resort, applied only when in-home treatment is no longer possible.
- —families should be encouraged and assisted to remain as a stable and potent unit of society, even in the face of relentless industrialization and urbanization in developing nations and social and geographical distance among young and older generations in more developed nations.
- —women, increasing the majority among the older population, are victims of inequities and injustices from governments and from societies.
- —contributions made by older people to their families and their fellow citizens are frequently undervalued or unnoticed, and yet the elderly are a valuable resource whose physical and mental capabilities could contribute much to others.
- —there is a dearth of usable information about aging in many parts of the world. A systematic worldwide research effort is needed.
- —non-Governmental Organizations, already performing essential functions in promoting well-being of older people, are likely to have even greater responsibilities in the future.

Followup Action

The IPAA makes many specific recommendations for international and national response to the World Assembly and its recommendations. They may be found in the final paragraphs of the IPAA as reproduced in Appendix Two.

They are discussed further in Chapter Three.

CHAPTER THREE

SINCE THE WORLD ASSEMBLY

Challenging as the case for action is, many of the nations participating in the World Assembly found themselves in difficult or uncertain economic times.

Followup action to the World Assembly has therefore included no major commitments for broadened national actions. Instead, organizational actions have been emphasized; heavy emphasis has been placed upon plugging information gaps through conferences and surveys; technical assistance for less developed nations is taking shape.

The significance of these small beginnings is that:

—many of them are directly responsive to the International Plan of Action on Aging (IPAA);

—many are taking place by nations in concert with other nations; and

—the many messages of the World Assembly seem to have been heard within and outside the United Nations.

Consciousness-raising may be the most important, and immeasurable, product of the World Assembly. For many developing nations, a milestone may have been reached. According to one account:

> A major accomplishment in Vienna was a turn-around in the thinking of leaders from the developing countries regarding the salience of the aging phenomenon within their own countries' scheme or priorities. Before Vienna, many of these countries were more oblivious to demographic realities within their own borders, and the social and economic consequences of that growth.[1]

It is perhaps equally significant that among the more developed nations, no single ideal model for action on aging emerged. Instead, even those nations that have devoted major resources and long-standing commitments to the changing needs and expectations of the elderly acknowledged that new exploration is needed as times and older persons themselves change. The need for continued communication, and comparisons of varying national response to aging, is acknowledged and increasingly acted upon.

The United Nations Response

The Vienna International Plan of Action on Aging (IPAA) mandated specific responsibilities for World Assembly followup action within the United Nations.

In endorsing that IPAA on December 3, 1982, the U.N. General Assembly acknowledged that the U.N. should indeed fulfill the many missions called for in the plan.

A progress report [2] from the U.N. Secretary-General on October 17, 1983, expressed satisfaction with actions taken by member nations to maintain or upgrade national committees to promote im-

plementation of IPAA. Several countries were praised for holding national conferences to establish target areas for development based on IPAA recommendations. Among the examples of regional seminars, workshops and other events conducted by professional organizations was a meeting of African experts whose purpose was to prepare for a pan-African assemblage in 1984. (See later section in this chapter for information on other meetings.)

The Secretary-General also noted that the U.N. was stimulating greater exchange of information and experience through publications and a project to standardize definitions, terms and research methodologies. In addition, the U.N. was preparing two research studies, one a comparative analysis of the situation of the aging in the world, the other a study of present and potential impact of the impact of aging on the family, on rural development, and on government policies and programs.

But the major U.N. responsibilities centered on:

—managing a small but potentially significant trust fund providing technical assistance almost exclusively to developing nations.

—establishing a global network for sustained information exchange.

—requesting its agencies to pay due attention to aging in their own individual projects and planning, and to work in concert on aging to achieve inter-agency concern and coordination.

—working cooperatively with non-governmental organizations.

—regularly conducting reviews and appraisals of the implementation of IPAA.

THE U.N. TRUST FUND FOR AGING

Only $800,000 was available in Trust Fund monies early in 1983, much of that contributed in advance of the World Assembly to help defray its costs. IPAA directed that the Fund be used:

1. To encourage greater interest in the developing countries in matters related to aging and to assist the Governments of these countries, at their request, in formulating and implementing policies and programs for the elderly.
2. For technical cooperation and research related to aging of populations and for promoting cooperation among developing countries in the exchange of the relevant information and technology.

The first round of Trust Fund grants, from January–June 1984, went to 28 nations, including nine regarded as among the least developed. Most were in the $5,000–$7,000 range. The U.N. funding strategy, as officially described:

> Because the Plan of Action stressed the strategic importance of national activities in the effective implementation of its recommendations, 88 percent of resources are to be used at the national level. The Plan of Action also emphasized the importance of formulating national policies and programmes and strengthening existing national capabilities and resources. Consequently, 60 percent of the funds allocated or earmarked thus far has been for projects leading to policy and programme formulation and 36 percent has been directed towards cross-sectoral activities to strengthen national capabilities and self-reliance.[3]

Appendix Three provides brief descriptions of each grant, including a 7-nation Latin-Caribbean survey to be coordinated by the World Health Organization through the Pan American Health Organization.

The first grants took $344,000 of the Fund, which has received requests totalling more than $4 million. In spite of its current limited resources, the U.N. states that the Trust Fund "has a dynamic role to play in encouraging the implementation of recommendations of the Plan of Action. By providing seed money for innovative projects, the Fund is a catalyst for action and for strengthening self-reliance at the national level." [4]

To build a more adequate Fund, the U.N. is promoting voluntary contributions and soliciting cosponsors or partners in project financing.

A Trust Fund Forum attended by 30 representatives of banks, foundations, social security systems and other institutions was held in March, 1984 in order to discuss means of broadening the inflow of support. Among the measures advocated were an approach to the private sector throughout the developed world, establishment of special development banks, and more direct contributions from individual nations. It was announced that 56 "support committees" have been established to help advance IPAA goals.[5]

The largest single contribution to the Trust Fund was $650,000 from the United States in 1981. Austria, host of the 1982 World Assembly, was second with $120,000. More than $70,000 was pledged in 1983 from seven nations.

THE INTERNATIONAL NETWORK ON AGING

In keeping with IPAA's emphasis on exchange of information and experience, the U.N. has established "an international interdisciplinary network of prominent national and international institutes dealing with aging and related fields, drawn from the major regional and sub-regional areas." [6]

Its purposes:

—to promote the preparation of information materials and regular exchange of information on issues, policies, and programs related to aging

—to train personnel

—to facilitate technical cooperation in this field, particularly among the developing countries, in collaboration with the Governments and regions involved.

Network members vary considerably. For example, Denmark's organization is The Society for the Care of Old People; Japan, the Tokyo Metropolitan Institute of Gerontology and the Tokyo Metropolitan Policy Hospital; and The Philippines, The Social Research Center, University of Santo Tomas. For the United States, the National Council on the Aging is listed. U.N. publications describe conferences and other activities of network members. They have also been asked to identify areas calling for collaborative action with the U.N. other member networks. A recent compilation of replies from network members identifies 26 suggested projects or areas for collaboration, including the following in regard to Latin America:

Mexico proposes the elaboration of self-education and self-care materials. Uruguay invites collaboration in its study into the factors motivating active aging, and in the distribution of the results of a survey to the general public, the teaching profession, and the aging themselves. Spain invites collaboration in the widespread dis-

tribution of a Spanish-language magazine throughout 14 Spanish-speaking, including developing countries.[7]

THE U.N. "FAMILY"

U.N. aging activities described thus far are conducted by the U.N. Center for Social Development and Humanitarian Affairs. The IPAA also called for action in other parts of the U.N., wherever an aging-related responsibility could be detected or developed. Several noteworthy responses have occurred.

World Health Organization.—WHO began to address aging and health issues as early as 1955.[8] Its Global Program for Health of the Elderly, established in 1980, has described its main thrusts in aging for 1984–89 as:

—disseminate information on the priority problems of the elderly and on the technology appropriate in preventing these;

—formulate programmes of community-based health care of the elderly, paying special attention to encouraging cultural patterns that favor the care of the elderly within the family and their continued social integration in the community; self-care and self-reliance among the elderly will be promoted;

—stimulate research on the priority problems of the elderly persons, including those in the psychosocial area.[9]

WHO has also established a collaborative group on aging with non-governmental organizations (NGOs). The first WHO-NGO activity was an interregional workshop. (Copenhagen, August 1983) on self-care and health promotion among the elderly, intended to help participants produce self-care manuals for the elderly and their families. Another WHO meeting in 1983 focused on senile dementia; a scientific group issued a report containing an integrated plan for collaborative research. A question addressed by a WHO scientific group in 1983 was: Can we expect a rising tide of disabling diseases as man lives out his lifespan? The group recommended epidemiological investigations directed to the maintenance of function. An interregional workshop (Budapest, October 1983) demonstrated the usefulness of inexpensive microcomputers in projecting trends until the year 2000; and a workshop in September 1983 (Nottingham, United Kingdom) dealt with planning of mental health services for the elderly. A guide on teaching health care of the elderly, for the use of teachers in Asia and Oceania, was the product of a workshop held in Singapore early in 1983.

UNFPA.—The U.N. Fund for Population Activities was prominent at the World Assembly on Aging for a number of reasons.

One was that the World Population Plan of Action adopted at the first International Conference on Population (Bucharest, 1974) urged that "great importance should be attached to the phenomenon of aging"; it also asked governments to give close study to population structures and "to consider the negative implications of the combination of their aging structure with moderate to low or very low fertility and to their aging structure with moderate to low or very low fertility and to carry out, as part of their development programs, comprehensive humanitarian, and just programs of security for the elderly."[10]

Another reason was that UNFPA was preparing to hold another International Conference on population, scheduled for August 1984 in

Mexico City. UNFPA Director Rafael Salas was emphatic in assuring the World Assembly on Aging in 1982 that the Mexico conference would give full recognition to the relationships between population and social development.

Still another reason was language in the IPAA requesting more precise data collection concerning the older sector of the population. As described in a later U.N. bulletin:

> The Plan of Action clearly indicates that the pressing demographic need of aging populations lies in the lack of specific data to define their particular economic and social needs so as to permit the formulation of effective policies on their behalf. In the past 21 years, in addition to remarkably effective birth control steps, there have been giant strides taken in the process of world-wide data collection. This new expertise could increasingly be put to serve the needs of the fastest growing sector of world populations, namely, the elderly.[11]

The Mexico City Declaration on Population and Development, in its discussion of rapidly changing population structures, stated:

> Aging of populations is a phenomenon which many countries will experience. This issue requires attention particularly in developed nations in view of its social implications and the active contribution the aged can make to the social, cultural, and economic life in their countries.

Among the recommendations from the International Conference on Population was the following:

> Governments are urged to reaffirm their commitment to the implementation of the International Plan of Action on Aging. In this context, further efforts should be made to analyze the issue of aging, particularly its implications for overall development, social services, medical care and other related fields, and on the basis of such data, Governments are urged to take appropriate measures to secure the welfare and safety of older people, paying particular attention to the situation and the needs of older women. Governments and international agencies should increase their efforts and activities with a view to improving care for the aged within the family unit. Moreover, Governments should view the aging sector of the population not merely as a dependent group, but in terms of the active contribution that older persons have already made and can still make to the economic, social, and cultural life of their families and community.

Commission on Women.—The U.N. Commission on the Status of Women—in preparing for the 1985 "World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace"—has been forcefully reminded that the World Assembly on Aging placed special emphasis upon the difficulties encountered by older women in all nations.

At a February 1984 Commission meeting, 15 nations joined in declaring that—despite the evidence of the increasing statistical dominance of elderly women, relatively little research had been concentrated on them. Moreover:

> The need for data was of increasing urgency since older women were among the poor in both developed and developing countries. Without reliable information, suitable policies and programmes on their behalf could not be devised.[12]

The resolution also called for specific action on behalf of older women by requesting a comprehensive report on elderly women to be presented to the Commission at its next regular meeting in 1986.

Crime, Youth.—Two other U.N. conferences scheduled in 1985 are expected to pay some attention to aging.

The Seventh United Congress on Prevention of Crime and the Treatment of Offenders is likely to address a recommendation made in the IPAA:

The growing incidence of crime in some countries against the elderly victimizes not only those directly involved, but the many older persons who become afraid to leave their homes. Efforts should be directed to law enforcement agencies and the elderly to increase their awareness of the extent and impact of crime against older persons.

The U.N. publication has construed the scope of this recommendation to include not not only straightforward criminal acts, but also family crimes where the vulnerable elderly (or children) are often the subjects of violence.[13]

Next year, 1985, will also be International Youth Year. The same U.N. publication cited earlier foresees that inter-generational activities will increasingly encompass new roles for the young and old alike, necessitating development of systematic opportunities for joint, as well as separate contributions from young and old. It also gives an example:

One of the areas of such joint participation . . . is the quest for peace. Both groups, young and old, have a vantage point from which to view the dangers threatening society; namely, their separate positions at either end of the active adult population. From these positions they may detect some pathways to peace that the active adult population, locked into a faster pace or loaded with responsibilities, may have less opportunity to explore. IYY offers an excellent opportunity for forging links between the young and old for consideration of the potential of the aging to contribute to the IYY objectives of participation, development, and peace.[14]

Other Activities.—A recent summary [15] takes note of the following:

United Nations Educational, Scientific, and Cultural Organization (UNESCO) plans to focus on issues related to education and the elderly, participation of the elderly in society, and public awareness of the situation of older people.

The *International Labour Organization* (ILO) has been conducting studies of how national social security schemes can be extended to rural workers and of older worker problems. It continues to make experts available to governments for planning policies and programs for older workers.

At the *Food and Agriculture Organization* (FAO), no separate program is being launched on aging, but aging concerns are becoming an integral part of existing programming, particularly those addressing issues of the rural poor and disadvantaged. The FAO is also promoting non-farming economic activities in rural areas to take into account special skills possessed by the elderly.

WORK WITH NGOS

An unusually direct contributory role was taken by non-governmental organizations (NGOs) before and during the 1982 World Assembly on Aging (WAA).

A few months before the WAA, an unprecedented NGO Forum—attended by 340 delegates from 43 countries representing 159 organizations—resulted in the issuance of recommendations that apparently influenced the IPAA on family issues and such other matters as adequate retiree income, lifelong education, problems of aging women, and health and social services. NGO representatives were active during the WAA deliberations on the IPAA.

The IPAA adopted at the World Assembly asked governments and local authorities to sustain and encourage the work of voluntary organizations in aging. In addition:

Governments are urged to encourage and where possible support national and private organizations dealing with matters concerning the elderly and the aging of the population.

A recent U.N. publication [16] has credited an NGO with focusing attention to aging at the forthcoming review of the status of women in 1985. It also praises the work of the New York NGO Committee on Aging in stimulating action through new subcommittees dealing with population, intergenerational, older women, and health issues. Another NGO organization, the U.S. Committee on World Aging, was instrumental in bringing WAA followup issues to the attention of the Congress in 1983. (See Chapter 4 for discussion of Congressional action.) The National Council on the Aging has provided a secretariat and other support for this committee. The American Association for International Aging was established in 1983. This voluntary organization is concerned primarily with providing technical and other assistance to older persons of the developing world.

NGOs for the U.S. and other nations also are active in the U.N. network activities described earlier in this section.

APPRAISING PROGRESS ON THE IPAA

Under terms of the IPAA, as later endorsed by the U.N. General Assembly, the Commission for Social Development of the U.N. Economic and Social Council is responsible for reviewing implementation of the IPAA every four years, beginning in 1985.

To prepare for the first review, the U.N. distributed a 28-page questionnaire asking for replies on a wide gamut of questions covering aging and development, health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security and employment, education, and international cooperation. In many cases, the questionnaire calls for major policy statements. For example, under the heading of "aging and development," it asks at one point:

Does the Government consider the slowly expanding lifespan of the population:

- A resource for national economy
- An economic and social burden
- A compensation for the exodus of younger people
- An increase in dependency ratios* (refers to demographic dependency, which is the number of young people (0–14 years old) plus the aging (60 and over) divided by the population of working age (15–59 years old))
- A decrease in the "real" dependency ratio* (refers to economic dependency which is the ratio of the non-active to the active population,) by applying sex and sex-specific activity rates
- A stimulant to the elderly to continue to be active participants in national life
- An increase in the likelihood of the elderly becoming vulnerable and thus victims of development
- Others

The government has not expressed a view on the matter.

The questionnaire makes repeated requests for "official statements, legislation, regulations, decree, judicial decisions, planning document, or other official formulation" issued since August 1982 on its major topic headings.

A report analyzing the national replies will be made available to Governments to help measure progress made towards implementation of the IPAA, "with the aim of serving as a means by which Governments can share their experience in this field." The U.N. requested that replies be submitted by July 31, 1984.

A number of nations, as will be seen in the following section, have already described partial response to the IPAA, in statements made late in 1983 before the U.N. General Assembly.

Actions by Individual Nations

A frequent theme of the World Assembly and other discussions of international aging stresses that nations must shape individual strategies to deal with change caused by mass aging of their populations.

At the same time, it is also recognized that aging is the destiny of most humans and therefore encompasses certain aspirations that seem to approach universality.

Thus, the International Plan of Action on Aging adopted at Vienna and later by the United Nations states at one point that it offered only proposals for broad guidelines and general principles as to the ways in which the international community, governments, other institutions and society at large can meet the challenge of the more progressive societies and needs of the elderly all over the world. In addition:

> More specific approaches and policies must, by their nature, be conceived of and phrased in terms of the traditions, cultural values and practices of each country or ethnic community, and programmes of action must be adapted to the priorities and material capacities of each country or community.

But the IPAA also declared:

> There are, nevertheless, a number of basic considerations which reflect general and fundamental human values, independent of culture, religion, race or social status: values induced by the biological fact that aging is a common and ineluctable process. The respect and care for the elderly, which has been one of the few constants in human culture everywhere, reflects a basic interplay between self-preserving and society-preserving impulses which has conditioned the survival and progress of the human race.

A cross-section of national responses to the dual challenge of the WAA and its plan of action was provided during the discussion late in 1983 of the Secretary-General's progress report on the WAA. A few examples follow.

Indonesia.—stated that the current world economic situation had made it difficult to meet "the welfare needs of the aging," but that it had provided "additional comprehensive and integrated social security facilities for all people, including the aging, in order to enable the elderly to play a more meaningful role in society." The Government, it was also reported, had "taken measures for the satisfaction of basic needs such as housing, medical care, education and training and had also provided loans to enable the elderly to participate more in the development process.[17]

Israel.—Much of the tenfold increase in the number of elderly persons results from a considerable influx of elderly immigrants from varying cultural backgrounds. Older persons are regarded as an economically vulnerable group, "and the elimination of poverty among the aging was a major policy goal." Health care is provided

through a network of health services and a health insurance system for all age groups; use of these services by the elderly is very high. An Association for the Planning and Developing of Services is responsible for planning local and regional community and institutional services, sheltered housing, and innovative and experimental programs including day-care centers, homes for the aged, and preventive-care programs. The goal is to enable them to stay in their families and communities with the help of supportive services.

Japan.—emphasized the IPAA's goal of participation of the aged in economic and social activities and their full integration into the economy, the local community, and the family. "It held that policies for the elderly should aim at enabling them to live independently, both within their families and in communities, as important and useful members of society."

A policy Headquarters for the Aged has been established within the Prime Minister's Office to serve as a liaison with the ministries and agencies implementing measures and policies on aging. It also disseminates information and publishes its own reports on related subjects.

Malta.—asked that aging issues be fully recognized at international conferences and other actions on population, women, and youth.

Poland.—indicated that a number of draft laws on the elderly had been elaborated and submitted for approval to the appropriate legislative bodies. Further responding to IPAA, the parliament had decided to establish, under the Council of Ministers, an advisory council for the elderly (and disabled persons), to be headed by a Deputy Prime Minister.

United Kingdom.—The Government is drawing attention to the provisions of the Plan of Action to all the country's public and voluntary agencies who are concerned with elderly people.

United States.—discussed in Chapter Four.

U.S.S.R.—"The main means used to provide solutions to the problems of the aging, including the improvement of their material situation, has been to increase social-consumption of funds. During the years 1980–1982, the volume of such funds increased by 11 billion roubles and today they amount to 128 billion roubles per year." Much attention has been given to introduction of gerontological and geriatric training into the training of medical workers; the Fourth All-Union Congress of Gerontologist and Geriatric Specialists in September 1982 focused on contemporary problems in the biology of aging, clinical gerontology and geriatrics, and social gerontology and geriatric hygiene.

Yugoslavia.—IPAA implementation includes cooperation and information exchanges, in particular with developing countries. A draft program of action has been developed for "the improvement of the living conditions of the elderly and the aged."

Another summary of recent national actions notes that more attention is being paid by policy-makers in developing countries to the role of the family in caring for its older members, a major issue in the IPAA:

Lesotho, *Botswana*, and *Kenya* are considering the need to subsidize families caring for aged members through measures such as tax reliefs or small loans. Simi-

arly, *Pakistan* is planning to provide economic support to families to enable them to care for older members. *Malaysia* has ceased building homes for the aged in an attempt to strengthen the traditional role of the family in caring for the elderly. And *Nicaragua* has enacted legislation which would provide parents with the right to claim economic support for their children.[18]

The Value of Comparisons

As emphasized earlier, no single model for action on aging will serve all nations of the world.

In their statements to the World Assembly a number of national representatives stressed that they must find their own ways to deal with their own problems. Nigeria, for example, expressed doubt that European "welfarism" would not be suitable for that nation.

> It (Nigeria) does not have the resources to cope with the already worldwide innumerable problems of aging and the elderly, but it has the African culture, traditions, and institutions to fall [back] on. Nigeria is bent on examining these practices critically and realistically to understand their weaknesses and strengths and to understand foreign models for their positive and negative elements in order to adopt and adapt the positive ones, to reinforce the strengths of its culture and to avoid the negative ones.

Similarly, another African state declared:

> The Congo is evolving policies designed for its needs. It is trying not to become just an imitation of other countries. The experiences of the Western countries and the breakdown of communities in those plans should be a lesson for the Third World.

There appeared, however, to be little inclination on the part of more developed nations at the World Assembly to declare that their patterns of action on aging should be adopted with slight change elsewhere. Instead, often there was frank recognition of the need to adapt to changing circumstances. As one observer noted later about one group of nations:

> Contrary to our stereotypes regarding Denmark, Norway, and Sweden as ideal models of the social service state, the realities of the mid-70s and since then (limited growth, costly resources, and recessions) are compelling these countries to slow down, freeze, or even cut back on a variety of services and pension benefits for their elderly. This does not necessarily mean a permanent end to the striving for improvements in the well-being of the elderly in such societies." [19]

And so, even nations that have already devoted impressive resources and innovative action over a period of decades are comparing their programs on aging, not to suggest that others necessarily follow their paths, but to seek perspective in coping with challenges of unprecedented magnitude.

THE U.S. AND OTHER NATIONS

Recent Congressional studies have demonstrated the usefulness of comparisons among nations coping with similar problems.

The House Select Committee on Aging—with the help of the World Health Organization and the National Center for Health Research and Statistics—in 1984 reviewed health systems in Sweden, the United Kingdom, the Federal Republic of Germany, Canada, Japan and Mexico. A major conclusion was:

> The United States is the only major industrialized nation in the world that does not have a plan or system for delivery of health care. Consequently, we provide less health care coverage to our population than any other major industrialized nation in the world. In addition, we are paying more for our health care than most other nations. What steps can be taken to improve this situation? [20]

In discussing that question, the report drew from the experience of other nations to describe steps taken abroad that could be adapted for improvements in the United States.

The same was true of a 1981 Senate Committee on Aging report on steps taken in Europe to adjust social security systems to changing population patterns. In discussing such adjustments, the report declared:

> Despite the necessary steps to restore solvency to social security, there is also widespread agreement abroad that social security is a form of public expenditure that needs to be protected from wholesale cuts. Therefore, the tendency has been to make relatively minor changes and avoid any radical restructuring of the programs.[21]

A number of the European actions came under consideration in 1982 and 1983 when a U.S. Commission grappled with social security problems in this country.

One of the advantages to the United States in comparisons with European nations in dealing with aging is that most of them can provide a glimpse of the future. At least in demographic terms, to our nation. Another Senate report, dealing with long-term care issues, pointed out:

> The United States and Canada are roughly 40 years behind Western Europe in the aging of their populations [in terms of the elderly proportions of their populations]. While there are significant variations among the European nations' long-term care systems, their individual efforts offer a number of valuable lessons concerning care for the elderly.

The report notes elsewhere:

> The high absolute numbers of old people in the United States and Canada, particularly those 75 years and older, make the problems associated with aging societies here only somewhat less immediate. Thus the experience European nations have had a coping with a much older population may be instructive for the United States and Canada.[22]

Another study, prepared under the auspices of the International Federation of Aging, discusses the implications of innovative programs abroad and concludes that "there are humane and practical ways to meet the challenges posed by aging populations."[23]

(For the final chapter of this study, see Appendix Five.)

CHAPTER FOUR

PAST, FUTURE ROLES OF THE UNITED STATES

The United States participated in the World Assembly not only as a world power but as a country that had taken a major role in bringing the Assembly into existence.

Attention now turns to the part the United States will play in supporting recommendations of the International Plan of Action on Aging (IPAA), in expressing its support for a continuing U.N. priority to aging concerns, and in maintaining communication with other nations on aging matters of mutual concern.

The U.S. Congress has officially expressed its encouragement for coordinated, government-wide action to make the most of the impetus provided by the World Assembly.

Early Actions

A proposal for a World Assembly on Aging was made by U.S. Senator Frank Church, Chairman of the Senate Committee on Aging on September 13, 1972. He envisioned a gathering which would "involve governments in a cooperative venture which would help each nation determine what kind of commitment must be made in a world in which larger and larger segments of the populations live to be older." [1] The Committee, responding to its Chairman's proposal and U.N. actions indicating a deepening commitment to aging, officially states in 1974:

> The United States delegation to the U.N. should join in any efforts which will lead to more organized and extensive fact-gathering and action to deal with problems arising with greater and greater frequency as the world population continues to "age." [2]

The Committee, endorsing the call for a World Assembly, asked the U.S. delegation to the U.N. to take the lead in advancing U.N. sponsorship of such an assembly.

The next Congressional step was a Senate resolution on October 5, 1977 requesting the President to instruct the U.S. delegation to the U.N. to work with other nations for an Assembly. A similar resolution—introduced by House Select Committee on Aging Chairman Claude Pepper—won approval on October 31. Responding to the Congressional initiative, the U.S. delegation to the U.N. advanced a resolution on December 7, 1977, asking member nations of the United Nations:

> To communicate their views to the Secretary-General by 1 July 1978 regarding the desirability of convening a world assembly on aging in order to permit national leaders and government specialists to exchange experiences, explore solutions and devise programs for the amelioration of problems unique to the elderly.

Finally, on December 14, 1978, the U.N. Assembly approved a resolution calling for the World Assembly.

40-802 O - 85 - 5

Before and During the Assembly

Preparations by the United States were extensive.

As later described by Ambassador John McDonald, U.S. Coordinator for the World Assembly and American Association for International Aging Board Chairman:

> Since the United States Congress had been responsible for the initial proposal of an international aging meeting, it was important to include both the Congress and the Executive Branch in the preparatory process. Therefore, we expended considerable effort structuring a model that would be effective. Thus, a Federal Inter-Agency Committee was established 18 months prior to the Conference. At that time I invited Congressional representatives to sit as full members of this committee. They welcomed the opportunity to be part of the process as we moved toward the finalization of the plans for the World Assembly on Aging.
>
> A non-governmental committee was also established. Representatives from the National Council on the Aging and 40 other groups were asked to represent a cross-section of American private sector interests in aging to this non-governmental organization committee. They were delighted to do so and I met with them regularly thereafter.[3]

As the Assembly approached, the U.S. play a prominent role for reasons including the following:

—it has had a key role in the U.N. decision to hold the assembly.

—a U.S. citizen and former State Department Foreign Service Officer, William M. Kerrigan, became the first U.S. national to serve as secretary-general of a major U.N. conference in May 1981.

—the U.S. had contributed $650,000 of the $1 million Assembly Trust Fund.

—the U.S. had also played a positive role in preliminary U.N. meetings and had sharpened support for certain key issues, including:

Continuation of the Trust Fund within the Centre for Social Development and Humanitarian Affairs.

Increase in the number of references to problems of older women

Attention to the rights of older workers.

Language stressing "personal fulfillment" as an Assembly goal, thus directing attention to positive, as well as problem, aspects of aging.

Strengthening language related to criteria for home care services and the goal of social welfare services to be "the maintenance of active and useful roles of the elderly as long as possible in and for the community."

Final IPAA language was similar to the U.N. positions on the above matters and a number of others. *(For an official U.S. report on reasons for regarding the Assembly as a success, see Appendix Four.)*

After the Assembly

Congressional leaders concerned with international and aging issues took action in 1983 to express their conviction that the United States should take an active role in followup action to the World Assembly.

On July 21, House Committee on Aging Chairman Edward Roybal introduced a concurrent resolution asking the President to initiate such actions. He stated:

I believe that we, as the originators of the World Assembly, should be taking the lead in insuring that the plan of action is taken seriously by our own Government.

* * * * * *

We as a Congress have an important and useful international role for the United States with regard to aging policies and programs. Each year the Agency for International Development grants millions of dollars to countries for social and economic improvement. As their populations age, there will be a need for them to concentrate on the social and economic impact of this change. The United States must develop a policy in both multilateral and bilateral relationships that fits in with these new needs. Passage of this resolution will reaffirm our commitment to constructive response to the issues and opportunities presented by the worldwide program in promoting longer human life.

The Roybal resolution was cosponsored by several other House members including House Foreign Affairs Chairman Dante Fascell.

A parallel Senate resolution introduced by Committee on Aging Chairman John Heinz called for similar Congressional concern and Administration action. Senate Foreign Relations Chairman Charles Percy was among the cosponsors. Senator Percy stated:

I believe that the United States should join other nations around the world in the implementation of these recommendations as the culmination of the 1982 U.N. World Assembly on Aging conference and year-long program of activities.

As adopted on November 17, 1983 (in an appropriations bill designated as Public Law 98-164), the language sought by the legislators emphasized the need for continuing U.S. commitment to the International Plan of Action. The legislation declared that it was the sense of the Congress that the President should take steps to:

1. encourage government-wide participation in implementing the recommendations of the World Assembly and planning for the scheduled review in 1985 by the United Nations on the implementation of the Vienna International Plan of Action on Aging;
2. encourage the exchange of information and the promotion of research on aging among the States, the Federal Government, international organizations, and other nations;
3. encourage greater private sector involvement in responding to the concerns of the aging; and
4. inform developing nations that the United States Government recognizes aging as an important issue, requiring close and sustained attention in national and regional development plans.

A statement made by a U.S. representative at the United Nations discussion of World Assembly followup in October 1983 declared that the Congressional action was "most significant."

Executive Branch Replies

Representatives Roybal and Fascell, together with Senators Heinz and Percy, wrote to Secretary of Health and Human Services Margaret Heckler on April 5, 1984, to suggest the following steps toward implementation of the Plan of Action:

Assess United States policies toward the aging, taking into account the recommendations made in the Plan of Action.

Reconvene the World Assembly on Aging Inter-Agency Task Force to promote inter-governmental cooperation for the implementation of the plan.

Develop support mechanisms for the international exchange of data, which would facilitate evaluation of the effectiveness and cost of programs and services for the aging in the nations of the world.

Similar letters addressed specific inquiries to the Department of State and the Agency for International Development.

Replies made the following points:

SECRETARY HECKLER

The Department of Health and Human Services is committed to carrying out its role in implementing the Plan of Action. It is our understanding that the Department of State will convene an Interagency Task Force to assess policies regarding the aging, taking into account the recommendations of the Plan; our Department will participate fully as part of this Task Force.

—Letter dated May 31, 1984

M. PETER MC PHERSON, A.I.D.

(After Indicating That A.I.D. Will Participate in the Inter-Agency Task Force)

The demographic data we have reviewed does indicate a rapid increase in those over sixty in the developing world. We plan to prepare some materials to acquaint developing country officials and the A.I.D. staff with the social and economic implications of this rapidly growing segment of the population. We will also look to see if there are any appropriate small activities that could be funded that would promote the topic and include the aging as part of A.I.D.'s regular programs overseas. We understand that the United States remains the single largest contributor to the U.N. Trust fund on Aging. We will work with the Department of State to review the Trust Fund activities.

—Letter dated May 29, 1984

W. TAPLEY BENNETT JR., ASSISTANT SECRETARY, DEPARTMENT OF STATE

As you may know, the United Nations has scheduled a review of the Plan's implementation for 1985. The U.S. and other member states must, therefore, prepare national reports this year which would incorporate many of the concerns you raise. We are currently consulting with those domestic agencies responsible for aspects of national implementation regarding the best way to coordinate our efforts.

—Letter dated April 27, 1984

FOOTNOTES

Chapter One

1. The first major speech on the elderly was given in 1969 by the Maltese Ambassador. Malta introduced a resolution in 1971 specifically dedicated to the problems of the aged and aging. In that same year, the U.N. General Assembly decided to give "priority" attention to the question of the elderly and the aged. It was not until 1973, however, that the General Assembly adopted a resolution directing a study of the socioeconomic and cultural role and status in nations of different levels of development. For a more detailed account, see: Oriol, William. *Aging in All Nations. A Special Report on the United Nations World Assembly on Aging. Vienna, Austria. July 26-August 6, 1982.* The National Council on the Aging. Washington, D.C. October 1982.
2. United Nations. *Question of the Elderly and the Aged—Conditions, Needs and Services, and Suggested Guidelines for National Policies and International Action. Report of the Secretary-General.* U.N. Document A/9126. August 28, 1973.
3. Demographic data in this chapter comes from two United Nations publications issued at the 1982 World Assembly on Aging: *Demographic Considerations:* U.N. Document A/Conf.113/4. March 26, 1982; and *Developmental Issues.* U.N. Document A/Conf.113/5. March 26, 1982.
4. Paillat, Paul. *Developmental Issues.* U.N. Document A/Conf.113/5. March 26, 1982.
5. United Nations. *The Aging in Slums and Uncontrolled Settlements.* New York. 1977.
6. World Bank. *World Development Report—1984.* Washington, D.C. 1984. The New York City-northeast New Jersey area, by comparison, [illegible] million in 1975 and is expected to be 22.8 million in 2000.
7. Report cited in footnote 4.
8. Report cited in footnote 6.
9. Ibid.
10. Ibid.
11. Ibid.
12. Report cited in footnote 4.

Chapter Two

1. McDonald, John W. Overview of the World Assembly on Aging. In: Briggs, Halaine-Sherin (Ed). *Report on the Followup to the United Nations World Assembly on Aging.* 1984. International Exchange Center on Gerontology, University of South Florida, Tampa.
2. The North American Regional Technical Meeting on Aging—conducted June 15-19, 1981—resulted in many recommendations similar to those adopted in the World Assembly on Aging International Action Plan on Aging. For proceedings of the North American meeting and the text of its recommendations, see: National Council on the Aging. *Aging in North America: Projections and Policies.* Washington, D.C. 1982.
3. Chapter cited in footnote one.

Chapter Three

1. Sheppard, Harold. Epilogue. In: Briggs, Halaine-Sherin. (Ed.) *Report on the Followup to the United Nations World Assembly on Aging.* 1984. International Exchange Center on Gerontology, University of South Florida, Tampa. World Assembly.
2. United Nations Secretary-General. *Questions of Aging-Report of the Secretary-General.* October 17, 1983.
3. United Nations. *United Nations Bulletin on Aging.* Vol. VIII. No. 1, 1983. Vienna, Austria.
4. Ibid.

5. United Nations. *United Nations Bulletin on Aging.* Vol. IX. No. 2, 1984. Vienna, Austria.
6. Ibid.
7. Source cited in footnote 3.
8. World Health Organization. *Document A/C.3/616.* October 31, 1969.
9. World Health Organization. Progress made in achieving the goals relating to health and nutrition of the Vienna International Plan of Action on Aging, July 13, 1983.
10. Shuman, Tarek. Address to International Expert Group on Aging. United Nations. April 3, 1978, New York City, N.Y.
11. Source cited in footnote 5.
12. Ibid.
13. United Nations. *United Nations Bulletin on Aging.* Vol. IX. No. 1, 1984.
14. Ibid.
15. Nusberg, Charlotte. The World Assembly on Aging: 18 Months Later. *Aging International.* Winter 1983/84. International Federation on Aging. Washington, D.C.
16. Source cited in footnote 13.
17. Source cited in footnote 2.
18. Source cited in footnote 15.
19. Source cited in footnote 1.
20. U.S. Congress. House of Representatives. Select Committee on Aging. *World Health Systems—Lessons for the United States.* Committee Print. May 1984.
21. U.S. Congress. Senate. Special Committee on Aging. *Social Security in Europe: The Impact of an Aging Population.* Committee Print. December 1981.
22. U.S. Congress. Senate. Special Committee on Aging. *Long-Term Care in Western Europe and Canada: Implications for the United States:* S. Prt. 98–211.
23. Nusberg, Charlotte; Gibson, Mary Jo; Peace, Sheila. *Innovative Aging Programs Abroad—Implications for the United States.* Greenwood Press. Westport, Conn. 1984.

CHAPTER FOUR

1. Church, Frank. A World Assembly on Aging. *Congressional Record.* September 21, 1972.
2. U.S. Congress. Senate. Special Committee on Aging. *Developments in Aging: 1973 and January-March 1974.* Report No. 93–846. May 1974.
3. McDonald, John. The International Action Plan on Aging. In: Briggs, Halaine-Sherin. (Ed.) *Report on the Follow-up to the United Nations World Assembly on Aging.* 1984. International Exchange Center on Gerontology. University of South Florida, Tampa.

APPENDIX ONE

FACT SHEET ON AAIA

What is AAIA?

The American Association for International Aging was established in 1983 by a group of advocates for the aging to initiate a creative private sector response to the challenges set forth in the International Plan of Action on Aging developed at the 1982 United Nations World Assembly on Aging.

What are AAIA's immediate goals?

The immediate goals of the American Association for International Aging are:

1. to improve the socio-economic conditions of low-income aged people in developing countries through self-help, mutual support, and economic development activities.
2. to motivate U.S. public, corporate, and governmental actions to improve the economic conditions of the aged in Third World countries.

How will AAIA achieve these goals?

The American Association for International Aging, a private, voluntary, non-profit organization, is raising funds to finance small scale technical assistance projects in Third World nations. In addition, by gathering, analyzing and publishing information about problems facing older persons in developing countries, as well as highlighting successful responses in those countries that could be applied to our own, AAIA will become the focal point in the U.S. for research materials and related data on situations facing the aging in selected countries of the Third World.

How can interested groups and individuals participate in this effort?

The American Association for International Aging is a membership association of organizations, corporations, foundations and individuals concerned about the needs of aging people worldwide. AAIA welcomes additional members.

How can I learn more about AAIA?

For further information about the work of the American Association for International Aging, write or call our Washington, D.C. office, 1511 K Street, NW., Suite 1028, Washington, D.C. 20005.

(31)

APPENDIX TWO

TEXT: INTERNATIONAL PLAN OF ACTION ON AGING*

PREAMBLE

The countries gathered in the World Assembly on aging,

Aware that an increasing number of their populations is aging,

Having discussed together their concern for the aging, and in the light of this the achievement of longevity and the challenge and potential it entails,

Having determined that individually and collectively they will (i) develop and apply at the international, regional and national levels policies designed to enhance the lives of the aging as individuals and to allow them to enjoy in mind and in body, fully and freely, their advancing years in peace, health and security; and (ii) study the impact of aging populations on development and that of development on the aging, with a view to enabling the potential of the aging to be fully realized and to mitigating, by appropriate measures, any negative effects resulting from this impact,

1. *Do solemnly reaffirm* their belief that the fundamental and inalienable rights enshrined in the Universal Declaration of Human Rights apply fully and undiminishedly to the aging; and

2. *Do solemnly recognize* that quality of life is no less important than longevity, and that the aging should therefore, as far as possible, be enabled to enjoy in their own families and communities a life of fulfillment, health, security and contentment, appreciated as an integral part of society.

FOREWORD

1. Recognizing the need to call world-wide attention to the serious problems besetting a growing portion of the populations of the world, the General Assembly of the United Nations decided, in resolution 33/52 of 14 December 1978, to convene a World Assembly on Aging in 1982. The purpose of the World Assembly would be to provide a forum "to launch an international action programme aimed at guaranteeing economic and social security to older persons, as well as opportunities to contribute to national development". In its resolution 35/129 of 11 December 1980, the General Assembly further indicated its desire that the World Assembly "should result in societies responding more fully to the socio-economic implications of the aging of populations and to the specific needs of older persons". It was with these mandates in view that the present International Plan of Action on Aging was conceived.

2. The Plan of Action should therefore be considered an integral component of the major international, regional and national strategies and programmes formulated in response to important world problems and needs. Its primary aims are to strengthen the capacities of countries to deal effectively with the aging of their popula-

*Adopted August 6, 1983, U.N. World Assembly on Aging; and endorsed U.N. General Assembly, December 3, 1983.

tions and with the special concerns and needs of their elderly, and to promote an appropriate international response to the issues of aging through action for the establishment of the new international economic order and increased international technical co-operation, particularly among the developing countries themselves.

3. In pursuance of these aims, specific objectives are set:

(a) To further national and international understanding of the economic, social and cultural implications for the processes of development of the aging of the population;

(b) To promote national and international understanding of the humanitarian and developmental issues related to aging;

(c) To propose and stimulate action-oriented policies and programmes aimed at guaranteeing social and economic security for the elderly, as well as providing opportunities for them to contribute to, and share in the benefits of, development;

(d) To present policy alternatives and options consistent with national values and goals and with internationally recognized principles with regard to the aging of the population and the needs of the elderly; and

(e) To encourage the development of appropriate education, training and research to respond to the aging of the world's population and to foster an international exchange of skills and knowledge in this area.

4. The Plan of Action should be considered within the framework of other international strategies and plans. In particular, it reaffirms the principles and objectives of the Charter of the United Nations, the Universal Declaration of Human Rights (General Assembly resolution 217 A (III)), the International Covenants on Human Rights (General Assembly resolution 2200 A (XXI)) and the Declaration on Social Progress and Development (General Assembly resolution 2542 (XXIV)), the Declaration and the Programme of Action on the Establishment of a New International Economic Order (General Assembly resolutions 3201 (S-VI) and 3202 (S-VI)) and the International Development Strategy for the Third United Nations Development Decade (General Assembly resolution 35/56) and also General Assembly resolutions 34/75 and 35/46, declaring the 1980s as the Second Disarmament Decade.

5. In addition, the importance of the following, adopted by the international community, must be stressed, for the question of aging and the aging of populations is directly related to the attainment of their objectives:

(a) The World Population Plan of Action; [1]

(b) The World Plan of Action for the Implementation of the Objectives of the International Women's Year; [2]

(c) The Programme of Action for the Second Half of the United Nations Decade for Women; [3]

(d) The Declaration of Alma Ata (on primary health care); [4]

(e) Declaration of Principles of the United Nations Conference on Human Settlements (HABITAT); [5]

(f) The Action Plan for the Human Environment; [6]

(g) The Vienna Programme of Action on Science and Technology for Development; [7]

(h) The Programme of Action to Combat Racism and Racial Discrimination [8] and the Programme of Action for the second half of the same Decade; [9]

(i) The Buenos Aires Plan of Action for Promoting and Implementing Technical Co-operation among Developing Countries; [10]

(j) The International Labour Organization (ILO) Convention No. 102 concerning minimum standards of social security;

(k) ILO convention No. 128 and Recommendation 131 on invalidity, old-age and survivors' benefits;

(l) ILO Recommendation No. 162 concerning older workers;

(m) The Programme of Action of the World Conference on Agrarian Reform and Rural Development; [11]

(n) The World Programme resulting from International Year of Disabled Persons; [12]

(o) The Caracas Declaration adopted by the Sixth United Nations Congress on the Prevention of Crime and the Treatment of Offenders; [13]

(p) The Recommendation on the development of adult education, adopted by the General Conference of UNESCO at its nineteenth session (Nairobi, 1976);

(q) ILO Convention No. 157 concerning maintenance of social security rights, 1982.

I. Introduction

A. Demographic background

6. Only in the past few decades has the attention of national societies and the world community been drawn to the social, economic, political and scientific questions raised by the phenomenon of aging on a massive scale. Previously, while individuals may have lived into advanced stages of life, their numbers and proportion in the total population were not high. The twentieth century, however, has witnessed in many regions of the world the control of perinatal and infant mortality, a decline in birth rates, improvements in nutrition, basic health care and the control of many infectious diseases. This combination of factors has resulted in an increasing number and proportion of persons surviving into the advanced stages of life.

7. In 1950, according to United Nations estimates, there were approximately 200 million persons 60 years of age and over throughout the world. By 1975, their number had increased to 350 million. United Nations projections to the year 2000 indicate that the number will increase to 590 million, and by the year 2025 to over 1,100 million; that is, an increase of 224 per cent since 1975. During this same period, the world's population as a whole is expected to increase from 4.1 billion to 8.2 billion, an increase of 102 per cent. Thus, 45 years from now the aging will constitute 13.7 per cent of the world's population.

8. It should be noted, furthermore, that in 1975 slightly over half (52 per cent) of all persons aged 60 and over lived in the developing countries. By the year 2000—owing to the differential rates of increase—over 60 per cent of all older persons are expected to live in

those countries, and it is anticipated that the proportion will reach nearly three quarters (72 per cent) by 2025.

9. The increase in the numbers and proportions of the aging is accompanied by a change in the population's age structure. A declining proportion of children in a population increases the proportion of older persons. Thus, according to the United Nations projections, the population aged less that 15 years in the developing regions is expected to decline from an average of about 41 per cent of the total population in 1975 to 33 per cent in 2000 and 26 per cent in 2025. In the same regions, the population of 60 years and over is expected to increase from 6 per cent in 1975 to 7 per cent in 2000 and to 12 per cent in 2025, thus reaching the level observed in the developed regions in the 1950s. In those latter regions, the population below the age of 15 is expected to decline from 25 per cent in 1975 to 21 per cent in 2000 and to 20 per cent in 2025; however, the group aged 60 and over is expected to increase as a proportion of the total population, from 15 per cent in 1975 to 18 per cent in 2000 and 23 per cent in 2025. It should be noted that these are averages from vast regions and that considerable variations exist between countries and at the subnational level.

10. According to model life tables, increasing life expectancy at birth could imply an increase in life expectancies at age 60 in the developed regions of approximately one year between 1975 and 2025. In the developing regions, the projected increase would be roughtly 2.5 years. Men of the age of 60 could thus expect an average of over 17 years of further life in the developed regions by 2025 and of over 16 years in the developing regions. Women could expect about an additional 21 and 18 years, respectively.

11. It should be noted that, if present trends prevail, the sex ratio (that is, the number of men per 100 women) will continue to be unbalanced in the developed regions with, however, a slight improvement. For instance, this rate, which in 1975 was 74 for the 60–69 age group will be 78 in 2025, with a rise from 48 to 53 for the over-80 age group. In the developing regions, this rate will be 94 in 2025 against 96 for the 60–69 age group, and 73 against 78 for the over-80 age group, signifying a slight decline. Thus, women, in most cases will increasingly constitute a majority of the older population. Gender-based differences in longevity may have some impact of living arrangements, income, health care and other support systems.

12. Another important consideration is the trend in urban-rural distribution. In the developed regions, two-thirds of the aged were in urban areas in 1975, and this proportion is expected to reach three quarters by the year 2000. In the developing regions, three quarters of the aged were to be found in rural areas. Nevertheless, the increase in the proportion of the aging in urban areas in these countries could be considerable and exceed 40 per cent by the year 2000. These changes can be influenced by migration.

B. HUMANITARIAN AND DEVELOPMENTAL ASPECTS OF AGING

13. The demographic trends outlined above will have significant effects on society. The achievement of sustained development requires that a proper balance be preserved between social, economic

and environmental factors and changes in population growth distribution and structure. Countries should recognize and take into account their demographic trends and changes in the structure of their populations in order to optimize their development.

14. For this purpose a substantial financial effort will be needed on the part of Governments and the international institutions concerned. Actually however, the economic situation of most of the developing countries is such that they are unable to release the means and resources needed for carrying out their development policy successfully.

15. In order to enable these countries to deal with the basic needs of their populations, including the elderly, it is necessary to establish a new economic order based on new international economic relations that are mutually beneficial and that will make possible a just and equitable utilization of the available wealth, resources and technology.

16. The present International Plan of Action on Aging deals both with issues affecting the aging as individuals and those relating to the aging of the population.

17. The humanitarian issues relate to the specific needs of the elderly. Although the elderly share many problems and needs with the rest of the population, certain issues reflect the specific characteristics and requirements of this group. The sub-topics examined are health and nutrition, housing and environment, the family, social welfare, income security and employment, and education.

18. The developmental issues relate to the socio-economic implications of the aging of the population, defined as an increase in the proportion of the aging in the total population. Under this heading are considered, *inter alia*, the effects of the aging of the population on production, consumption, savings, investment and—in turn—general social and economic conditions and policies, especially at times when the dependency rate of the aging is on the increase.

19. These humanitarian and developmental issues are examined with a view to the formulation of action programmes at the national, regional and international levels.

20. In some developing countries, the trend towards a gradual aging of the society has not yet become prominent and may not, therefore, attract the full attention of planners and policy makers who take account of the problems of the aged in their over-all economic and social development planning and action to satisfy the basic needs of the population as a whole. As outlined in the preceding section, however, United Nations projections show that:

(a) A marked increase in the population over the age of 60 years is expected in the future, particularly in the segment of those aged 80 years and over;

(b) In many countries, the increase in the proportion of the over-60 population is expected to become apparent over the next few decades, and especially during the first quarter of the twenty-first century; and

(c) Increasingly women will constitute the majority of these elderly populations.

21. The issue of the aging of populations, with its vast implications both for over-all development at the national level and for the welfare and safety of older individuals, is therefore one which

will concern *all* countries in the relatively near future; it already affects some of the more developed regions of the world.

22. The measures for the optimum utilization of the wisdom and expertise of elderly individuals will be considered.

23. The human race is characterized by a long childhood and by a long old age. Throughout history this has enabled older persons to educate the younger and pass on values to them; this role has ensured man's survival and progress. The presence of the elderly in the family home, the neighbourhood and in all forms of social life still teaches an irreplaceable lesson of humanity. Not only by his life, but indeed by his death, the older person teaches us all a lesson. Through grief the survivors come to understand that the dead do continue to participate in the human community, by the results of their labour, the works and institutions they leave behind them, and the memory of their words and deeds. This may encourage us to regard our own death with greater serenity and to grow more fully aware of the responsibilities toward future generations.

24. A longer life provides humans with an opportunity to examine their lives in retrospect, to correct some of their mistakes, to get closer to the truth and to achieve a different understanding of the sense and value of their actions. This may well be the more important contribution of older people to the human community. Especially at this time, after the unprecedented changes that have affected human kind in their life-time, the reinterpretation of life-stories by the aged should help us all to achieve the urgently needed reorientation of history.

II. Principles

25. The formulation and implementation of policies on aging are the sovereign right and responsibility of each State, to be carried out on the basis of its specific national needs and objectives. However, the promotion of the activities, safety and well-being of the elderly should be an essential part of an integrated and concerted development effort within the framework of the new international economic order in both the developed and the developing parts of the world. International and regional co-operation should, however, play an important role. The International Plan of Action on Aging is based on the principles set out below:

(a) The aim of development is to improve the well-being of the entire population on the basis of its full participation in the process of development and an equitable distribution of the benefits therefrom. The development process must enhance human dignity and ensure equity among age groups in the sharing of society's resources, rights and responsibilities. Individuals, regardless of age, sex or creed, should contribute according to their abilities and be served according to their needs. In this context, economic growth, productive employment, social justice and human solidarity are fundamental and indivisible elements of development, and so are the preservation and recognition of cultural identity;

(b) Various problems of older people can find their real solution under conditions of peace, security, a halt to the arms race

and a rechannelling of resources spent for military purposes to the needs of economic and social development;

(c) The developmental and humanitarian problems of the aging can best find their solution under conditions where tyranny and oppression, colonialism, racism, discrimination based on race, sex or religion, *apartheid*, genocide, foreign aggression and occupation and other forms of foreign domination do not prevail, and where there is respect for human rights;

(d) In the context of its own traditions, structures and cultural values, each country should respond to demographic trends and the resulting changes. People of all ages should engage in creating a balance between traditional and innovative elements in the pursuit of harmonious development;

(e) The spiritual, cultural and socio-economic contributions of the aging are valuable to society and should be so recognized and promoted further. Expenditure on the aging should be considered as a lasting investment;

(f) The family, in its diverse forms and structures, is a fundamental unit of society linking the generations and should be maintained, strengthened and protected, in accordance with the traditions and customs of each country;

(g) Governments and, in particular, local authorities, non-governmental organizations, individual volunteers and voluntary organizations, including associations of the elderly, can make a particularly significant contribution to the provision of support and care for elderly people in the family and community. Governments should sustain and encourage voluntary activity of this kind;

(h) An important objective of socio-economic development is an age-integrated society, in which age discrimination and involuntary segregation are eliminated and in which solidarity and mutual support among generations are encouraged;

(i) Aging is a life-long process and should be recognized as such. Preparation of the entire population for the later stages of life should be an integral part of social policies and encompass physical, psychological, cultural, religious, spiritual, economic, health and other factors;

(j) The Plan of Action should be considered within the broader context of the world's social, economic, cultural and spiritual trends, in order to achieve a just and prosperous life for the aging, materially as well as spiritually;

(k) Aging, in addition to being a symbol of experience and wisdom, can also bring human beings closer to personal fulfillment, according to their beliefs and aspirations;

(l) The aging should be active participants in the formulation and implementation of policies, including those especially affecting them;

(m) Governments, non-governmental organizations and all concerned have a special responsibility to the most vulnerable among the elderly, particularly the poor, of whom many are women and from rural areas;

(n) Further study on all aspects of aging is necessary.

III. Recommendations for Action

A. GOALS AND POLICY RECOMMENDATIONS

26. The Plan of Action can only include proposals for broad guidelines and general principles as to the ways in which the international community, Governments, other institutions and society at large can meet the challenge of the progressive aging of societies and the needs of the elderly all over the world. More specific approaches and policies must, by their nature, be conceived of and phrased in terms of the traditions, cultural values and practices of each country or ethnic community, and programmes of action must be adapted to the priorities and material capacities of each country or community.

27. There are, nevertheless, a number of basic considerations which reflect general and fundamental human values, independent of culture, religion, race or social status: values induced by the biological fact that aging is a common and ineluctable process. The respect and care for the elderly, which has been one of the few constants in human culture everywhere, reflects a basic interplay between self-preserving and society-preserving impulses which has conditioned the survival and progress of the human race.

28. The pattern by which people are judged to have reached old age at a point set only in terms of the number of years they have completed, and where the loss of employment status may entail their being placed on the sidelines of their own society, is one of the sad paradoxes of the process of socio-economic development in some countries. The aim of that development was originally to improve the general living standards, health and well-being of the population at large, including the elderly.

29. The close historical interaction between the socio-economic and technological development of the industrialized countries from the last century onwards, and the old-age security systems they adopted as a part of the same process, should be analysed and kept in mind; however, other options corresponding more closely to the circumstances and needs of the developing countries ought also to be considered.

30. Aging is simultaneously a sign of and a result of socio-economic development, in the quantitative as well as the qualitative sense. One major example of the effects of the imbalance between the sectoral approaches taken to national and international development during the past decades is the fact that advances in medicine and public health have by far out-paced progress over the same period in production, income distribution, training, education, housing, institutional modernization and social development in general terms. The developing countries are in this sense about to "age" without all the sectors necessary to ensure balanced and integrated development being able to follow at the same pace and guarantee a decent living standard for the dramatically increasing numbers of elderly people foreseen for the next few generations.

1. General policy recommendations

31. The following summarized considerations, based on the above remarks, may provide guidelines for the consideration of policies and specific actions:

(a) The progressive aging of societies, the continuing increase of the elderly population both in absolute and in proportional terms, is neither an unexpected, unforeseeable event nor a random result of national and international development efforts. It is the first and most visible outcome of a sectorally based approach to socio-economic development all over the world and should be accompanied by equally efficient interventions in other areas in order to ensure balanced growth and integrated development;

(b) With a long-term view to slowing down the over-all aging of the community, Governments may be able to take the measures necessary to adjust or avoid imbalances between age groups, while preserving the right to life of the elderly;

(c) To this end, policies and actions should be inspired by the determination to give further qualitative content and meaning to a quantitative process in order to make sure that the generally expanding life-span of individuals the world over will be accompanied by efforts to fill these extra years with a sense of purpose and accomplishment, and that people will not be relegated to a marginal and passive role after a certain age level;

(d) As the transition into old age is a gradual and individual process, notwithstanding the statutory retirement age limits adopted in some countries and cultures, all policies and programmes should be based on the fact that aging is a natural phase of an individual's life cycle, career and experience, and that the same needs, capacities and potentialities usually prevail over the entire life-span;

(e) As most people can expect to survive their own retirement age by a substantial number of years, the concept of "preparation for retirement" should not continue to be conceived as a last-minute adaptation, but be proposed as a lifelong consideration from adulthood onwards—as much to the individual for his or her future benefit, as to policy-makers, universities, schools, industrial work centres, the media and society at large. It should serve as a reminder that policies on aging and for the elderly are an important society-wide concern, and not solely a question of caring for a vulnerable minority. For this reason, this calls for a general policy of prevention;

(f) Policies to meet the challenge of a growing, healthier and more active elderly population—based on the view of the aging of society as an opportunity to be utilized—automatically benefit the individual aging person, materially and otherwise. Similarly, any effort to ameliorate the quality of life for the elderly, and to meet their diverse social and cultural needs, enhances capacity to continue interacting with society. In this sense, the developmental and the humanitarian aspects of the question of aging are closely intertwined;

(g) It is imperative that, when considering the question of aging, the situation of the elderly should not be considered separate from the over-all socio-economic conditions prevailing in society. The elderly should be viewed as an integral part of the population. They should also be considered within the framework of population groups such as women, youth, the disabled, and migrant workers. The elderly must be considered an important and necessary element in the development process at all levels within a given society;

(h) Aging is apparent in the working-age population long before the number of persons over 60 increases. It is essential to adapt the labour policy as a whole and technology and economic organizations to this situtation;

(i) This consideration should be accompanied by recognition of the fact that for the elderly in general—and particularly for those beyond a certain higher age (the "old old")—policies have to be considered and programmes implemented in response to their specific needs and constraints. Sectoral interventions in such fields as health and nutrition, housing, income security, and social, cultural and leisure activities are as necessary for the elderly as for other population groups, and should be provided for by each country or community according to the means available to it. It is recognized that the extent of the provision that can be made, and its timing, will be affected by prevailing economic circumstances;

(j) Policies and action aimed at benefiting the aging must afford opportunities for older persons to satisfy the need for personal fulfillment, which can be defined in its broader sense as satisfaction realized through the achievement of personal goals and aspirations, and the realization of potentialities. It is important that policies and programmes directed at the aging promote opportunities for self-expression in a variety of roles challenging to themselves and contributory to family and community. The principal ways in which older people find personal satisfaction are through: continued participation in the family and kinship system, voluntary services to the community, continuing growth through formal and informal learning, self-expression in arts and crafts, participation in community organizations and organizations of older people, religious activities, recreation and travel, part-time work, and participation in the political process as informed citizens.

32. A priority consideration for all countries is how to ensure that their vast humanitarian efforts in favour of the elderly do not result in the maintenance of a growing, relatively passive and disenchanged sector of the population. Policy makers and researchers, as well as the mass media and the general public, may need a radical change of perspective in order to appreciate that the problem of aging today is not just one of providing protection and care, but of the involvement and participation of the elderly and the aging. Eventually, the transition to a positive, active and developmentally oriented view of aging may well result from action by elderly people themselves, through the sheer force of their growing numbers and influence. The collective consciousness of being elderly, as a socially unifying concept, can in that way become a positive

factor. Since spiritual well-being is as important as material well-being, all policies, programmes and activities should be developed to support and strengthen the spiritual well-being of the aging. Governments should guarantee the freedom of religious practices and expression.

2. The impact of aging on development

33. The trend towards the successive aging of population structures is bound to be one of the main challenges to international and national planning efforts during the last decades of this century and well into the twenty-first. In addition to the general considerations outlined above on the status and predicaments of the elderly sections of societies, and the review of the needs and potentialities of the elderly, attention should be given to the vast and multifaceted impact which the aging of populations will have on the structure, functioning and further development of all societies of the world. The role of the public and private sectors in assuming responsibility for some of the functions now provided by the family in developing countries will probably have to increase under such circumstances.

34. In the first instance, it is evident that aging, both in terms of absolute numbers and in terms of the relative proportion of the elderly in any society, will necessarily change the structure and composition of the economically active population. The most basic manifestation of this phenomenon will be the gradually deteriorating ratios between the economically active and employed sectors of society and those dependent for their sustenance on the material resources provided by these sectors. Countries with established social security systems will depend on the strength of the economy to sustain the accumulated charges of income-basis and deferred retirement benefits for a growing elderly population and the costs of maintaining dependent children and of ensuring training and education for young people.

35. Changing dependency ratios—in terms of the number of old people depending for their material safety on younger, economically active and wage-earning people—are bound to influence the development of any country in the world, irrespective of its social structure, traditions of formal social security arrangements. Problems of a social nature are likely to emerge in countries and regions where the aging have traditionally benefited from the care and protection of their next of kin or the local community. Those relationships may become increasingly difficult to maintain when the number of dependent elderly increases while at the same time traditional care-providing structures, such as the extended family, are undergoing radical change in many regions of the world.

36. As mentioned above, the total dependency ratio in many countries may eventually be maintained at close to present levels, owing to the progressively decreasing number of non-employed and dependent children and youths resulting from shrinking birth rates. There remains, however, a political and psychological problem related to the perceptions of the relative urgency of covering the material and other needs of population groups not directly participating in production and public life. The costs of programmes in favour of the younger generations may be more easily acceptable in

view of their value as a form of investment in the future; conversely, such costs in favour of the elderly—especially when not directly related to individual savings or wage-related benefits—are less easily accepted, particularly when they weigh heavily on already overstrained national budgets.

37. The problem of deteriorating dependency ratios, and hence of guaranteeing even minimal material security for older people with reduced capacities for earning, will be most acute in the rural areas, particularly in the less productive, subsistence farming areas of the developing countries, which already suffer from an escalating flight of the younger and more active sectors of the population towards the urban areas in search of wage-earning employment. This trend naturally leads to an even more insecure future for the older persons left behind and—in a vicious circle of further deprivation—reduces the chances of further stimulating public investment in agriculture and services which would benefit the remaining farmers.

38. To some extent this phenomenon could be considered as partially offset or at least mitigated by the transfer of sustenance funds back from the younger people who have found salaried employment in the urban and industrialized areas. In many cases, the size of the remittances indicates an effort not only to help sustain the family, but to save for future investments, productive or not. For the immediate future, this phenomenon may help to soften the effects of the rural exodus and provide a certain level of material safety for the older and inactive left behind. Nevertheless, it can hardly be seen as a long-term reliable compensation for the migration of the young, active people from the rural areas or from their own countries. Concentrated efforts aimed at improving the socio-economic conditions prevailing in rural areas are indispensable, particularly considering the migrants' return to their country of origin.

39. Rural development should be seen as a key to the over-all problem of the aging in large parts of the world, as much as it is a key to balanced and integrated national progress in countries with an essentially agricultural economy. To some extent, policies to improve production and productivity in rural areas, to stimulate investment, create the necessary infrastructures, introduce appropriate technologies and provide basic services, could strengthen the generalized social security systems in force in other and more industrialized countries.

40. The slowly expanding life-span of the population even in developing areas constitutes a hidden resource for national economies which, if properly stimulated and utilized, might help to compensate for the exodus of younger people, decrease the real dependency ratios, and ensure the status of the rural elderly as active participants in national life and production, rather that as passive and vulnerable victims of development.

41. A desirable compensation for the emigration of young people to other countries would be an improvement in the continuity of social benefits in terms of contributive rights to a pension, including favourable provisions for financial transfers in whatever form the benefits are granted to migrant workers. This would be not only equitable, but also consistent with the stimulation of the de-

velopment of the economy of the home country. Bilateral and multilateral social security agreements must be developed to this effect. Other measures should accompany these efforts, notably in terms of providing housing for repatriates. While aging migrants have the same needs as other elderly people, their migrant status gives rise to additional economic, social, cultural and spiritual needs. In addition, it is important to recognize the role the older migrants could play in the support of their younger counterparts.

42. In countries with fully developed social security systems linked to compulsory retirement age levels over-all aging is, and will continue to be, one of the most important structural factors affecting the composition of the labour force. This phenomenon should not be considered solely in terms of its repercussions on the elderly. Because of their sheer dimension and close interaction with other sectors and processes affecting the active labour force, retirement policies cannot be treated in an isolated manner as a separate phenomenon. For various countries the most visible relationship is that between arrangements for retirement and problems of unemployment, especially among young peope about to enter the labour force.

43. Much has already been said about that relationship, and various governmental actions have been considered or taken to respond to it. Whatever the apparent wisdom of lowering retirement age levels in order to open up employment opportunities for the young, such action can hardly be seen as anything but a short-term and partial solution of one social problem through the creation of another, probably longer-lasting one. More innovative actions should be considered at both extremes of the labour force structure.

44. On the other hand, the wide varieties in personal interests and preferences among people approaching retirement age could, without too many administrative or organizational changes, be taken into account in a system of elastic retirement plans catering to the individual. Where retirement is preferred, different age levels for voluntary early retirement can be established with reduced benefits and counterbalanced by extended employment periods for those older persons whose job constitutes their main commitment, and occasionally their main reason for living. Other arrangements, such as part-time or occasional work or consultancies are already in use, especially at the higher technological and administrative levels, and could be extended to a greater part of the labour force. In order to implement this measure, provision should be made for training and retraining and the development of new skills.

45. The interrelationship between the employment and income needs of the young and the elderly raises particularly acute problems for women, whose longer life expectancy may mean an old age aggravated by economic need, isolation and with little or no prospects for paid employment.

46. Where social security systems based on accrued retirement benefits exist, the growth in the number and longevity of retired persons is now emerging as a major aspect of the husbandry of national economic resources, and is sometimes presented in terms of a gradual freezing of a large share of national wealth for so-called non-productive purposes. On the other hand, it will probably

be recognized that the accumulation of retirement funds could constitute a stabilizing factor in the national economy, in the sense of providing for long-term and conservatively utilized sources of funding on a substantial scale, whose impact on otherwise fluctuating economic systems can be beneficial. In such systems, the purchasing power of the pensions paid should as far as possible be maintained.

47. Similarly, most pension payments from retirement funds represent deferred earnings by the individual retiree. The natural use of pension payments for immediate material needs rather than for long-term and insecure investments may also be a stimulating factor in societies heavily dependent on individual spending and consumption for their economic health.

48. Where formal retirement benefit systems do not yet exist, the economic implications of the aging of societies are for the time being largely negative, and will probably continue to be so, unless serious and far-reaching efforts are made to turn this liability into a potential benefit for the whole of society. Governmental initiatives to promote material development and social well-being, and international action to sustain such initiatives, could be taken jointly in an effort to prepare for the future of those approaching old age in areas where traditional structures of protection are about to dissolve.

3. Areas of concern to aging individuals

49. The recognition that all aspects of aging are interrelated implies the need for a co-ordinated approach to policies and research on the subject. Considering the aging process in its totality, as well as its interaction with the social and economic situation, requires an integrated approach within the framework of overall economic and social planning. Undue emphasis on specific sectoral problems would constitute a serious obstacle to the integration of aging policies and programmes into the broader development framework. Although the recommendations in the following narrative have been divided under broad headings, it should be recognized that there is a high degree of interdependence among them.

50. Within the framework of recognizing this interdependence, particular attention could be given to co-ordinating preventive efforts in order to combat the detrimental effects of premature aging. From birth onwards, the detrimental effects of premature aging on the individual could be avoided by:

—An educational effort designed specifically to make young people aware of the changes which will occur as they grow older;

—A healthy general life-style;

—Appropriate adjustments to working hours and conditions;

—Splitting up each individual's time and responsibilities among various types of activities so that he can have several different jobs as he grows older, and achieve the best possible balance between time spent in leisure, training and work;

—Constant adaptation of the man to his work and, more important, the work to the man, and changing the type of work in accordance with the changes in each person, in family circumstances, and in technological and economic development. In

this sphere, occupational medicine and permanent education should play an essential role.

51. In resolution 1981/62, the Economic and Social Council called upon the Secretary-General to elaborate a set of general guidelines for consumer protection. Furthermore, the Food and Agriculture Organization of the United Nations has adopted a Code of Ethics on international Trade in Food and the World Health Organization an International Code of Marketing of Breast Milk Substitutes to protect children's health. Elderly consumers should be protected, since the good health, safety and well-being of the elderly are the objective of the World Assembly on Aging.

(a) Health and nutrition

52. While the rapidly increasing number of old people throughout the world represents a biological success for humanity, the living conditions of the elderly in most countries have by and large lagged behind those enjoyed by the economically active population. But health, that state of total physical, mental and social well-being, is the result of interaction between all the sectors which contribute to development.

53. Epidemiological studies suggest that successive cohorts of the elderly arriving at the same age have better levels of health, and it is expected that, as men and women live to increasingly greater ages, major disabilities will largely be compressed into a narrow age range just prior to death.

Recommendation 1.—Care designed to alleviate the handicaps, re-educate functions, relieve pain, maintain the lucidity, confort and dignity of the affected and help them to re-orient their hopes and plans, particularly in the case of the elderly, are just as important as curative treatment.

Recommendation 2.—The care of elderly persons should go beyond disease orientation and should involve their total well-being, taking into account the inter-dependence of the physical, mental, social, spiritual and environmental factors. Health care should therefore involve the health and social sectors and the family in improving the quality of life of older persons. Health efforts, in particular primary health care as a strategy, should be directed at enabling the elderly to lead independent lives in their own family and community for as long as possible instead of being excluded and cut off from all activities of society.

54. There is no doubt that, with advancing age, pathological conditions increase in frequency. Furthermore, the living conditions of the elderly make them more prone to risk factors that might have adverse effects on their health (e.g., social isolation and accidents)—factors that can be modified to a great extent. Research and practical experience have demonstrated that health maintenance in the elderly is possible and that diseases do not need to be essential components of aging.

Recommendation 3.—Early diagnosis and appropriate treatment is required, as well as preventive measures, to reduce disabilities and diseases of the aging.

Recommendation 4.—Particular attention should be given to providing health care to the very old, and to those who are incapacitated in their daily lives. This is particularly true when they are

suffering from mental disorders or from failure to adapt to the environment; mental disorders could often be prevented or modified by means that do not require placement of the affected in institutions, such as training and supporting the family and volunteers by professional workers, promoting ambulant mental health care, welfare work, day-care measures aimed at the prevention of social isolation.

55. Some sectors of the aging, and especially the very old, will nevertheless continue to be vulnerable. Because they may be among the least mobile, this group is particularly in need of primary care from facilities located close to their residences and/or communities. The concept of primary health care incorporates the use of existing health and social services personnel, with the assistance of community health officers trained in simple techniques of caring for the elderly.

56. Early diagnosis and treatment are of prime importance in the prevention of mental illness in older people. Special efforts need to be taken to assist older persons who have mental health problems or who are at high risk in this respect.

57. Where hospital care is needed, application of the skills of geriatric medicine enables a patient's total condition to be assessed and, through the work of a multidisciplinary team, a programme of treatment and rehabilitation to be devised, which is geared to an early return to the community and the provision there of any necessary continuing care. All patients should receive in proper time any form of intensive treatment which they require, with a view to preventing complications and functional failure leading to permanent invalidity and premature death.

Recommendation 5.— Attentive care for the terminally ill, dialogue with them and support for their close relatives at the time of loss and later require special efforts which go beyond normal medical practice. Health practitioners should aspire to provide such care. The need for these special efforts must be known and understood by those providing medical care and by the families of the terminally ill and by the terminally ill themselves. Bearing these needs in mind, exchange of information about relevant experiences and practices found in a number of cultures should be encouraged.

58. A proper balance between the role of institutions and that of the family in providing health care for the elderly—based on recognition of the family and the immediate community as elements in a well-balanced system of care—is important.

59. Existing social services and health-care systems for the aging are becoming increasingly expensive. Means of halting or reversing this trend and of developing social systems together with primary health care services need to be considered, in the spirit of the Declaration of Alma Ata.

Recommendation 6.—The trend towards increased costs of social services and health-care systems should be offset through closer coordination between social welfare and health care services both at the national and community levels. For example, measures need to be taken to increase collaboration between personnel working in the two sectors and to provide them with interdisciplinary training. These systems should, however, be developed, taking into account the role of the family and community—which should remain the

interrelated key elements in a well-balanced system of care. All this must be done without detriment to the standard of medical and social care of the elderly.

60. Those who give most direct care to the elderly are often the least trained, or have insufficient training for their purpose. To maintain the well-being and independence of the elderly through self-care, health promotion, prevention of disease and disability requires new orientation and skills, among the elderly themselves, as well as their families, and health and social welfare workers in the local communities.

Recommendation 7.—(a) The population at large should be informed in regard to dealing with the elderly who require care. The elderly themselves should be educated in self-care; (b) Those who work with the elderly at home, or in institutions, should receive basic training for their tasks, with particular emphasis on participation of the elderly and their families, and collaboration between workers in health and welfare fields at various levels; (c) Practitioners and students in the human care professions (e.g. medicine, nursing, social welfare etc.) should be trained in prinicples and skills in the relevant areas of gerontology, geriatrics, psycho-geriatrics and geriatric nursing.

61. All too often, old age is an age of no consent. Decisions affecting aging citizens are frequently made without the participation of the citizens themselves. This applies particularly to those who are very old, frail or disabled. Such people should be served by flexible systems of care that give them a choice as to the type of amenities and the kind of care they receive.

Recommendation 8.—The control of the lives of the aging should not be left solely to health, social service and other caring personnel, since aging people themselves usually know best what is needed and how it should be carried out.

Recommendation 9.—Participation of the aged in the development of health care and the functioning of health services should be encouraged.

62. A fundamental principle in the care of the elderly should be to enable them to lead independent lives in the community for as long as possible.

Recommendation 10.—Health and health-allied services should be developed to the fullest extent possible in the community. These services should include a broad range of ambulatory services such as: day-care centres, out-patient clinics, day hospitals, medical and nursing care and domestic services. Emergency services should be always available. Institutional care should always be appropriate to the needs of the elderly. Inappropriate use of beds in health care facilities should be avoided. In particular, those not mentally ill should not be placed in mental hospitals. Health screening and counselling should be offered through geriatric clinics, neighbourhood health centres or community sites where older persons congregate. The necessary health infrastructure and specialized staff to provide thorough and complete geriatric care should be made available. In the case of institutional care, alienation through isolation of the aged from society should be avoided *inter alia* by further encouraging the involvement of family members and volunteers.

63. Nutritional problems, such as deficient quantity and inappropriate constituents, are encountered among the poor and underprivileged elderly in both the developed and the developing countries. Accidents are also a major risk area for the elderly. The alleviation of these problems may require a multisectoral approach.

Recommendation 11.—The promotion of health, the prevention of disease and the maintaining of functional capacities among elderly persons should be actively pursued. For this purpose, an assessment of the physical, psychological and social needs of the group concerned is a prerequisite. Such an assessment would enhance the prevention of disability, early diagnosis and rehabilitation.

Recommendation 12.—Adequate, appropriate and sufficient nutrition, particularly the adequate intake of protein, minerals and vitamins, is essential to the well-being of the elderly. Poor nutrition is exacerbated by poverty, isolation, maldistribution of food, and poor eating habits, including those due to dental problems. Therefore special attention should be paid to:

(a) Imrovement of the availability of sufficient foodstuffs to the elderly through appropriate schemes and encouraging the aged in rural areas to play an active role in food production;

(b) A fair and equitable distribution of food, wealth, resources and technology;

(c) Education of the public, including the elderly, in correct nutrition and eating habits, both in urban and rural areas;

(d) Provision of health and dental services for early detection of malnutrition and improvement of mastication;

(e) Studies of the nutritional status of the elderly at the community level, including steps to correct any unsatisfactory local conditions;

(f) Extension of research into the role of nutritional factors in the aging process to communities in developing countries.

Recommendation 13.—Efforts should be intensified to develop home care to provide high quality health and social services in the quantity necessary so that older persons are enable to remain in their own communities and to live as independently as possible for as long as possible. Home care should not be viewed as an alternative to institutional care; rather, the two are complementary to each other and should so link into the delivery system that older persons can receive the best care appropriate to their needs at the least cost.

Special support must be given to home care services, by providing them with sufficient medical, paramedical, nursing and technical facilities of the required standard to limit the need for hospitalization.

Recommendation 14.—A very important question concerns the possibilities of preventing or at least postponing the negative functional consequences of aging. Many life-style factors may have their most pronounced effects during old age when the reserve capacity usually is lower.

The health of the aging is fundamentally conditioned by their previous health and, therefore, life-long health care starting with young age is of paramount importance; this includes preventive health, nutrition, exercise, the avoidance of health-harming habits

and attention to environmental factors, and this care should be continued.

Recommendation 15.—The health hazards of cumulative noxious substances—including radioactive and trace elements and other pollutions—assume a greater importance as life-spans increase and should, therefore, be the subject of special attention and investigation throughout the entire life-span.

Governments should promote the safe handling of such materials in use, and move rapidly to ensure that waste materials from such use are permanently and safely removed from man's biosphere.

Recommendation 16.—As avoidable accidents represent a substantial cost both in human suffering and in resources, priority should be given to measures to prevent accidents in the home, on the road, and those precipitated by treatable medical conditions or by inappropriate use of medication.

Recommendation 17.—International exchange and research co-operation should be promoted in carrying out epidemiological studies of local patterns of health and disease and their consequences together with investigating the validity of different care delivery systems, including self-care, and more care by nurses, and in particular of ways of achieving optimum programme effectiveness; also investigating the demands for various types of care and developing means of coping with them paying particular attention to comparative studies regarding the achievement of objectives and relative cost-effectiveness; and gathering data on the physical, mental and social profiles of aging individuals in various social and cultural contexts, including attention to the special problems of access to services in rural and remote areas, in order to provide a sound basis for future actions.

(b) Protection of elderly consumers

Recommendation 18.—Governments should:

(a) Ensure that food and household products, installations and equipment conform to standards of safety that take into account the vulnerability of the aged;

(b) Encourage the safe use of medications, household chemicals and other products by requiring manufacturers to indicate necessary warnings and instructions for use;

(c) Facilitate the availability of medications, hearing aids, dentures, glasses and other prosthetics to the elderly so that they can prolong their activities and independence;

(d) Restrain the intensive promotion and other marketing techniques primarily aimed at exploiting the meagre resources of the elderly.

Government bodies should co-operate with non-governmental organizations on consumer education programmes.

The international organizations concerned are urged to promote collective efforts by their Member States to protect elderly consumers.

(c) Housing and environment

64. Adequate living accommodation and agreeable physical surroundings are necessary for the well-being of all people, and it is generally accepted that housing has a great influence on the qual-

ity of life of any age group in any country. Suitable housing is even more important to the elderly, whose abodes are the centre of virtually all of their activities. Adaptations to the home, the provision of practical domestic aids to daily living and appropriately designed household equipment can make it easier for those elderly people whose mobility is restricted or who are otherwise disabled to continue to live in their own homes.

65. The elderly meet manifold problems in traffic and transport. Especially elderly pedestrians have to cope with objective or subjectively felt dangers that restrict and limit their mobility and participatory aspirations. The traffic circumstances should be adapted to older people instead of the other way around. Measures and facilities should include traffic education, speed limits especially in human settlements, traffic-safe environments, accommodations and means of transport, etc.

Recommendation 19.—Housing for the elderly must be viewed as more than shelter. In addition to the physical, it has psychological and social significance, which should be taken into account. To release the aged from dependence on others, national housing policies should pursue the following goals:

(a) Helping the aged to continue to live in their own homes as long as possible, provision being made for restoration and development and, where feasible and appropriate, the remodelling and improvement of homes, and their adaptation to match the ability of the aged to get to and from them and use the facilities;

(b) Planning and introducing—under a housing policy that also provides for public financing and agreements with the private sector—housing for the aged of various types to suit the status and degree of self-sufficiency of the aged themselves, in accordance with local tradition and customs;

(c) Co-ordinating policies on housing with those concerned with community services (social, health, cultural, leisure, communications) so as to secure, whenever possible, an especially favourable position for housing and aged vis-a-vis dwelling for the population at large;

(d) Evolve and apply special policies and measures, and make arrangements so as to allow the aged to move about and to protect them from traffic hazards;

(e) Such a policy should, in turn, form part of the broader policy of support for the least well-off sectors of the population.

Recommendation 20.—Urban rebuilding and development planning and law should pay special attention to the problems of the aging, assisting in securing their social integration.

Recommendation 21.—National Governments should be encouraged to adopt housing policies that take into account the needs of the elderly and the socially disadvantaged. A living environment designed to support the functional capacities of this group and the socially disadvantaged should be an integral part of national guidelines for human settlements policies and action.

Recommendation 22.—Special attention should be paid to environmental problems and to designing a living environment that would take into account the functional capacity of the elderly and

facilitate mobility and communication through the provision of adequate means of transport.

The living environment should be designed, with support from Governments, local authorities and non-governmental organizations, so as to enable elderly people to continue to live, if they wish, in locations that are familiar to them, where their involvement in the community may be of long standing and where they will have the opportunity to lead a rich, normal and secure life.

Recommendation 23.—The growing incidence of crime in some countries against the elderly victimizes not only those directly involved, but the many older persons who become afraid to leave their homes. Efforts should be directed to law enforcement agencies and the elderly to increase their awareness of the extent and impact of crime against older persons.

Recommendation 24.—Whenever possible, the aging should be involved in housing policies and programmes for the elderly population.

(d) Family

66. The family, regardless of its form or organization, is recognized as a fundamental unit of society. With increasing longevity, four- and five-generation families are becoming common throughout the world. The changes in the status of women, however, have reduced their traditional role as caretakers of older family members; it is necessary to enable the family as a whole, including its male members, to take over and share the burden of help in and by the family. Women are entering and remaining in the labour force for longer periods of time. Many who have completed their child-rearing roles become caught between the desire and need to work and earn income and the responsibility of caring for elderly parents or grandparents.

Recommendation 25.—As the family is recognized as a fundamental unit of society, efforts should be made to support, protect and strengthen it in agreement with each society's system of cultural values and in responding to the needs of its aging members. Governments should promote social policies encouraging the maintenance of family solidarity among generations, with all members of the family participating. The role and contribution of the non-government organizations in strengthening the family as a unit should also be stressed at all levels.

Recommendation 26.—Appropriate support from the wider community, available when and where it is needed, can make a crucial difference to the willingness and ability of families to continue to care for elderly relatives. Planning and provision of services should take full account of the needs of those carers.

67. There is ample evidence of the high esteem in which older people are held in developing countries. Trends towards increasing industrialization and urbanization and greater mobility of the labour force indicate, however, that the traditional concept of the role of the elderly in the family is undergoing major change. World-wide, the over-all responsibility of the family to provide the traditional care and support needs of the aging is diminishing.

Recommendation 27.—Ways to ensure continuity of the vital role of the family and the dignity, status and security of the aging,

taking into account all the internal and international events which might influence this status of security, are issues that deserve careful consideration and action by Governments and non-governmental organizations. Recognizing the predominance of older women, and the relatively greater numbers of widows than widowers throughout the world particular consideration should be given to the special needs and roles of this group.

Recommendation 28.—Governments are urged to adopt an age/family-integrated approach to planning and development which would recognize the special needs and characteristics of older persons and their families. Older persons should be included in the governmental and other decisions-making processes in the political, social, cultural and educational areas among others, and children should be encouraged to support their parents.

Recommendation 29.—Governments and non-governmental bodies should be encouraged to establish social services to support the whole family when there are elderly people at home and to implement measures especially for low-income families who wish to keep elderly people at home.

(e) Social welfare

68. Social welfare services can be instruments of national policy and should have as their goal the maximizing of the social functioning of the aging. They should be community-based and provide a broad range of preventive, remedial and developmental services for the aging, to enable them to lead as independent a life as possible in their own home and in their community, remaining active and useful citizens.

69. In relation to elderly migrants appropriate measures should be taken to provide social services in accordance with their ethnic, cultural, linguistic and other characteristics.

Recommendation 30.—Social welfare services should have as their goal the creation, promotion and maintenance of active and useful roles for the elderly for as long as possible in and for the community.

70. In many countries where resources are scarce, thre is a general lack of organized social welfare services, particularly in the rural areas. Although the role of governments in providing such services is paramount, the contribution of non-governmental organizations is also of great importance.

71. In traditional societies, old people have always enjoyed a privileged position based on respect, consideration, status and authority. But this is starting to be upset under the influence of modern trends and that privileged position is now being questioned. It is therefore time to become aware of these changes and on that basis to define national aging policies that would avoid some of the problems concerning the elderly faced by some developed countries.

Recommendation 31.—Existing formal and informal organizations should consider the particular needs of the aging and allow for them in their programmes and future planning. The important role that co-operatives can play in providing services in this area should be recognized and encouraged. Such co-operatives could also benefit from the participation of elderly people as full members or consultants. A partnership should be formed between governments

and non-governmental organizations designed to ensure a comprehensive, integrated, co-ordinated and multipurpose approach to meeting the social welfare needs of the elderly.

Recommendation 32.—The involvement of young people—in providing services and care and in participating in activities for and with the elderly—should be encouraged, with a view to promoting intergenerational ties. Mutual self-help among the able and active elderly should be stimulated to the extent possible, as should the assistance this group can provide to its less fortunate peers, and the involvement of the elderly in informal part-time occupations.

Recommendation 33.—Governments should endeavour to reduce or eliminate fiscal or other constraints on informal and voluntary activities, and eliminate or relax regulations which hinder or discourage part-time work, mutual self-help and the use of volunteers alongside professional staff in providing social services or in institutions for the elderly.

Recommendation 34.—Whenever institutionalization is necessary or inevitable for elderly persons, the utmost effort must be made to ensure a quality of institutional life corresponding to normal conditions in their communities, with full respect for their dignity, beliefs, needs, interests and privacy; States should be encouraged to define minimum standards to ensure higher quality of institutional care.

Recommendation 35.—In order to facilitate mutual help among the elderly and let their voices be heard, governments and non-governmental bodies should encourage the establishment and free initiative of groups and movements of elderly persons and also give other age groups opportunities for training in, and information on, the support of the elderly.

(f) Income security and employment

72. Major differences exist between the developed and the developing countries—and particularly between urban, industrialized and rural, agrarian economies—with regard to the achievement of policy goals related to income security and employment. Many developed countries have achieved universal coverage through generalized social security schemes. For the developing countries, where many if not the majority of persons, live at subsistence levels, income security is an issue of concern for all age groups. In several of these countries, the social security programmes launched tend to offer limited coverage: in the rural areas, where in many cases most of the population lives, there is little or no coverage. Furthermore, particular attention should be paid, in social security and social programmes, to the circumstances of the elderly women whose income is generally lower than men's and whose employment has often been broken up by maternity and family responsibilities. In the long term, policies should be directed towards providing social insurance for women in their own right.

Recommendation 36.—Governments should take appropriate action to ensure to all older persons an appropriate minimum income, and should develop their economies to benefit all the population. To this end, they should:

(a) Create or develop social security schemes based on the principle of universal coverage for older people. Where this is not feasible, other approaches should be tried, such as payment of benefits in kind, or direct assistance to families and local co-operative institutions;

(b) Ensure that the minimum benefits will be enough to meet the essential needs of the elderly and guarantee their independence. Whether or not social security payments are calculated taking into account previous income, efforts should be made to maintain their purchasing power. Ways should be explored to protect the savings of the elderly against the effects of inflation. In determining the age at which pensions are payable, due account should be taken of the age of retirement, changes in the national demographic structure and of the national economic capacity. At the same time, efforts should be made to achieve continuous economic growth;

(c) In social security systems, make it possible for women as well as men to acquire their own rights;

(d) Within the social security system and if necessary by other means, respond to the special needs of income security for older workers who are unemployed or those who are incapable of working;

(e) Other possibilities of making available supplementary retirement income and incentives to develop new means of personal savings for the elderly should be explored.

73. Broadly related to the issues of income security are the dual issues of the right to work and the right to retire. In most areas of the world, efforts by older persons to participate in work and economic activities which will satisfy their need to contribute to the life of the community and benefit society as a whole meet with difficulties. Age discrimination is prevalent: many older workers are unable to remain in the labour force or to re-enter it because of age prejudice. In some countries this situation tends to impact women more severely. The integration of the aged into the machinery of development affects both the urban and rural population groups.

Recommendation 37.—Governments should facilitate the participation of older persons in the economic life of the society. For that purpose:

(a) Appropriate measures should be taken, in collaboration with employers' and workers' organizations, to ensure to the maximum extent possible that older workers can continue to work under satisfactory conditions and enjoy security of employment;

(b) Governments should eliminate discrimination in the labour market and ensure equality of treatment in professional life. Negative stereotypes about older workers exist among some employers. Governments should take steps to educate employers and employment counsellors about the capabilities of older workers, which remain quite high in most occupations. Older workers should also enjoy equal access to orientation, training and placement facilities and services;

(c) Measures should be taken to assist older persons to find or return to independent employment by creating new employment possibilities and facilitating training or retraining. The

right of older workers to employment should be based on ability to perform the work rather than chronological age.

(d) Despite the significant unemployment problems facing many nations, in particular with regard to young people, the retirement age for employees should not be lowered except on a voluntary basis.

Recommendation 38.—Older workers, like all other workers, should enjoy satisfactory working conditions and environment. Where necessary, measures should be taken to prevent industrial and agricultural accidents and occupational diseases. Working conditions and the working environment, as well as the scheduling and organization of work, should take into account the characteristics of older workers.

Recommendation 39.—Proper protection for workers, which permits better follow-up for people of advanced age, comes about through a better knowledge of occupational diseases. This necessarily entails training medical staff in occupational medicine.

Similarly, pre-retirement medical checks would allow the effects of occupational disease upon the individual to the detected and appropriate steps to be planned.

Recommendation 40.—Governments should take or encourage measures that will ensure a smooth and gradual transition from active working life to retirement, and in addition make the age of entitlement to a pension more flexible. Such measures would include pre-retirement courses and lightening the work-load during the last years of the working life, for example by modifying the conditions of work and the working environment of the work organization and by promoting a gradual reduction of work-time.

Recommendation 41.—Governments should apply internationally adopted standards concerning older workers, particularly those embodied in Recommendation 162 of the International Labour Organization. In addition, at the international level, approaches and guidelines concerning the special needs of these workers should continue to be developed.

Recommendation 42.—In the light of ILO Convention No. 157 concerning maintenance of social security rights, measures should be taken, particularly through bilateral or multilateral conventions, to guarantee to legitimate migrant workers full social coverage in the receiving country as well as maintenance of social security rights acquired, especially regarding pensions, if they return to their country of origin. Similarly, migrant workers returning to their countries should be afforded special conditions facilitating their reintegration, particularly with regard to housing.

Recommendation 43.—As far as possible, groups of refugees accepted by a country should include elderly persons as well as adults and children, and efforts should be made to keep family groups intact and to ensure that appropriate housing and services are provided.

(g) Education

74. The scientific and technological revolutions of the twentieth century have led to a knowledge and information "explosion". The continuing and expanding nature of these revolutions has given rise also to accelerated social change. In many of the world's soci-

eties, the elderly still serve as the transmitters of information, knowledge, tradition and spiritual values: this important tradition should not be lost.

Recommendation 44.—Educational programmes featuring the elderly as the teachers and transmitters of knowledge, culture and spiritual values should be developed.

75. In many instances, the knowledge explosion is resulting in information obsolescence, with, in turn, implications of social obsolescence. These changes suggest that the educational structures of society must be expanded to respond to the educational needs of an entire life-span. Such an approach to education would suggest the need for continuous adult education, including preparation for aging and the creative use of time. In addition, it is important that the aging, along with the other age groups, have access to basic literacy education, as well as to all education facilities available in the community.

Recommendation 45.—As a basic human right, education must be made available without discrimination against the elderly. Educational policies should reflect the principle of the right to education of the aging, through the appropriate allocation of resources and in suitable education programmes. Care should be taken to adapt educational methods to the capacities of the elderly, so that they may participate equitably in and profit from any education provided. The need for continuing adult education at all levels should be recognized and encouraged. Consideration should be given to the idea of university education for the elderly.

76. There is also a need to educate the general public with regard to the aging process. Such education must start at an early age in order tht aging should be fully understood as a natural process. The importance of the role of the mass media in this respect cannot be overstated.

Recommendation 46.—A co-ordinated effort by the mass media should be undertaken to highlight the positive aspects of the aging process and of the aging themselves. This effort should cover, among other things:

(a) The present situation of the aged, in particular in rural areas of developed and developing countries, with a view to identifying and responding to their real needs;

(b) The effects of migration (both internal and international) on the relative aging of populations of rural areas, and its effects on agricultural production and living conditions in these areas;

(c) Methods to develop job opportunities for and adapt conditions of work to older workers. This would include developing or furnishing simple equipment and tools which would help those with limited physical strength to accomplish their assigned tasks;

(d) Surveys of the role of education and aging in various cultures and societies.

Recommendation 47.—In accordance with the concept of life-long education promulgated by the United Nations Educational, Scientific and Cultural Organization (UNESCO), informal, community-based and recreational-oriented programmes for the aging should be promoted in order to help them develop a sense of self-reliance

and community responsibility. Such programmes should enjoy the support a national Governments and international organizations.

Recommendation 48.—Governments and international organizations should support programmes aimed at providing the elderly with easier physical access to cultural institutions censuses, surveys or vital statistics systems—are essential for the formulation, application and evaluation of policies and programmes for the elderly and for ensuring their integration in the development process.

79. Governments and organizations that are in a position to do so should develop an information base which would be more specific than the "sixty-and-over" one now in use and which would be of help in planning the development of and solving problems concerning the elderly. The base could cover social, age, functional and economic classifications, among others.

80. Household sample and other surveys and other sources of demographic and related socio-economic statistics provide important data for use in formulating and implementing policies and programmes for the elderly.

81. All countries that so request should be provided with the technical assistance needed to develop or improve data bases relating to their elderly and the services and institutions that concern them. The assistance should cover training and research in methodologies for collecting, processing and analysing data.

Recommendation 52.—Data concerning the aging could be developed along the line of a codific tion system which will give national Governments information tabulated by sex, age, income levels, living arrangements, health status and degree of self care, among others. Such data could be collected through the census, micro or pilot census or representative surveys. Governments are urged to allocate resources for that purpose.

Recommendation 53.—Governments and institutions concerned should establish or improve existing information exchange facilities, such as data banks in the field of aging.

2. Training and education

82. The dramatic increase in the number and proportion of older adults calls for a significant increase in training. A dual approach is needed: an international programme for training concomitant with national and regional training programmes that are particularly relevant in the countries and regions concerned. The needs of the elderly, as well as the implications of the aging of the population for development, need to be taken into account in developing education and training policies and programmes for all ages, especially the younger generation.

Recommendation 54.—Education and training programmes should be interdisciplinary in nature, as aging and the aging of the population is a multidisciplinary issue. Education and training in the various aspects of aging and the aging of the population should not be restricted to high levels of specialization, but should be made available at all levels. Efforts should be made to regulate the training skills and educational requirements for different functions in the field of aging.

83. The exchange of skills, knowledge and experience among countries with similar or comparable structures and composition, or having historical, cultural, linguistic or other links, with respect to their aging population would be a particularly fertile form of international co-operation. Besides the transfer of specific skills and technologies, the exchange of experience regarding the wide array of practices relating to aging could also constitute an area for technical co-operation among developing countries. In regions which include both developed and developing countries side by side, the rich opportunities for mutual learning and co-operation in training and research should be vigorously explored.

Recommendation 55.—Intergovernmental and non-governmental organizations should take the necessary measures to develop trained personnel in the field of aging, and should strengthen their efforts to disseminate information on aging, and particularly to the aging themselves.

Recommendation 56.—Retirees' and elderly people's organizations should be involved in planning and carrying out such exchanges of information.

Recommendation 57.—The implementation of several recommendations will require trained personnel in the field of aging. Practical training centers should be promoted and encouraged, where appropriate facilities already exist, to train such personnel, especially from developing countries, who would in their turn train others. These centers would also provide updating and refresher courses and act as a practical bridge between and among developed and developing regions; they would be linked with appropriate United Nations agencies and facilities.

Recommendation 58.—At national, regional and international levels, extra attention should be given to research and study undertaken in support of integrating the problems of aging in planning and policy formulation and management.

Recommendation 59.—Training in all aspects of gerontology and geriatrics should be encouraged and given due prominence at all levels in all educational programmes. Governments and competent authorities are called upon to encourage new or existing institutions to pay special attention to approriate training in gerontology and geriatrics.

3. Research

84. The Plan of Action gives high priority to research related to developmental and humanitarian aspects of aging. Research activities are instrumental in formulating, evaluating and implementing policies and programmes: (a) as to the implications of the aging of the population for development and (b) as to the needs of the aging. Research into the social, economic and health aspects of aging should be encouraged to achieve efficient uses of resources, improvement in social and health measures, including the prevention of functional decline, age-related disabilities, illness and poverty, and co-ordination of the services involved in the care of the aging.

85. The knowledge obtained by research provides scientific backing for a sounder basis for effective societal planning as well as for improving the well-being of the elderly. Further research is required, e.g. (a) to narrow the wide gaps in knowledge about aging

and about the particular needs of the aging, and (b) to enable resources provided for the aging to be used more effectively. There should be emphasis on the continuum of research from the discovery of new knowledge with due consideration of cultural and social diversity.

Recommendation 60.—Research should be conducted into the developmental and humanitarian aspects of aging at local, national, regional and global levels. Research should be encouraged particularly in the biological, mental and social fields. Issues of basic and applied research of universal interest to all societies include:

(a) The role of genetic and environmental factors;

(b) The impact of biological, medical, cultural, societal and behavioural factors on aging;

(c) The influence of economic and demographic factors (including migration) on societal planning;

(d) The use of skills, expertise, knowledge and cultural potential of the aging;

(e) The postponement of negative functional consequences of aging;

(f) Health and social services for the aging as well as studies of coordindate programmes;

(g) Training and education.

Such research should be generally planned and carried out by researchers closely acquainted with national and regional conditions, being granted the independence necessary for innovation and diffusion. States, intergovernmental organizations and non-governmental organizations should carry our more research and studies on the developmental and humanitarian aspects of aging, cooperate in this field and exchange their findings in order to provide a logical basis for policies related to aging in general.

Recommendation 61.—States, intergovernmental organizations and non-governmental organizations should encourage the establishment of institutions specializing in the teaching of gerontology, geriatrics and geriatric psychology in countries where such institutions do not exist.

Recommendation 62.—International exchange and research cooperation as well as data collection should be promoted in all fields having a bearing on aging, in order to provide a rational basis for future social policies and action. Special emphasis should be placed on comparative and crosscultural studies on aging. Interdisciplinary approaches should be stressed.

IV. Recommendations for Implementation

A. Role of Governments

86. The success of this Plan of Action will depend largely on action undertaken by Governments to create conditions and broad possibilities for full participation of the citizens, particularly the elderly. To this end, Governments are urged to devote more attention to the question of aging and to utilize fully the support provided by intergovernmental and non-governmental organizations, including retirees' and elderly people's organizations.

87. Since wide divergencies exist with respect to the situation of the aging in various societies, cultures and regions—as reflected in different needs and problems—each country should decide upon its own national strategy and identify its own targets and priorities within the Plan. A clear commitment should be made at all levels of Government to take appropriate action to achieve those targets and give effect to those priorities.

88. Governments can play an important role with regard to the Plan of Action by evaluating and assessing the aging process from the individual and demographic points of view, in order to determine the implications for development of these processes in the light of the prevailing political, social, cultural, religious and economic situation.

89. The architects of national policies and strategies for the implementation of the Plan of Action should recognize that the aging are not a homogeneous group and be sensitive to the wide differences and needs of the aging at various stages of their lives. Governments should pay special attention to improving the lot of elderly women, who are often at a severe disadvantage.

90. The establishment of interdisciplinary and multisectoral machinery within Governments can be an effective means of ensuring that the question of the aging of the population is taken into account in national development planning, that the needs of the elderly are given the attention they merit, and that the elderly are fully integrated into society.

91. These actions will gain in effectiveness if their preparation, implementation and follow-up are well coordinated at various geopolitical levels. The coordination must flow from cooperation between those in positions of responsibility in all sectors and the representatives of pensioners and the aged, in order to ensure the participation of the latter when decisions of direct concern to them are being taken. Hence, it would be appropriate to consider the setting up of corresponding planning, programming and coordinating bodies at the national level.

92. In certain countries, some of the objectives of the Plan of Action have already been achieved; in others they may only be accomplished progressively. Moreover, by their very nature, some measures will take longer to implement than others. Governments are urged, therefore, to establish short-, medium- and long-term objectives with a view to facilitating implementation of the Plan, in the light of their resources and priorities.

93. Governments should, if necessary, retain in a suitable form (or encourage the formation of) the mechanisms established at the national level to prepare for the World Assembly on Aging, in order to be ready to facilitate the planning, implementation and evaluation of the activities recommended by the World Assembly.

B. ROLE OF INTERNATIONAL AND REGIONAL CO-OPERATION

1. Global action

94. International co-operation in the implementation of the programme of action on the establishment *inter alia* of a new international economic order and of the International Development Strategy for the Third United Nations Development Decade, based on the

peaceful co-existence of States having different social systems, is essential to achieving the goals of the Plan of Action and can take the form of bilateral and multilateral co-operation between Governments and by utilizing the United Nations system. Such co-operation could take the form of direct assistance (technical or financial), in response to national or regional requests, co-operative research, or the exchange of information and experience.

95. The General Assembly, the Economic and Social Council and all its appropriate subsidiary bodies, in particular the Commission for Social Development, the Governing Council of the United Nations Development Programme, and the legislative and policy-making bodies of the concerned specialized agencies and intergovernmental organizations are urged to give careful consideration to the Plan of Action and to ensure an appropriate response to it.

96. In view of the role that the Centre for Social Development and Humanitarian Affairs of the Department of International Economic and Social Affairs has been playing within the United Nations system in matters related to the aging, it should be strengthened in order to continue to serve as the focal point for activities in that respect; to this end the Secretary-General of the United Nations is requested, within the existing global resources of the United Nations, to give due consideration to the provision of appropriate increased resources for the implementation of the Plan of Action, which will be primarily at the national level.

97. The Administrative Committee on Co-ordination should consider the implications of the Plan of Action for the United Nations system with a view to continued liaison and co-ordination in implementing the provisions of the Plan.

98. The need to develop new guidelines in areas of concern to the elderly should be kept constantly under review in relation to the implementation of the Plan.

99. Governments, national and local non-governmental voluntary organizations and international non-governmental organizations are urged to join in the co-operative effort to accomplish the objectives of the Plan. They should strengthen their activities by encouraging the formation of and utilizing regular channels of communication at the national level for consulting with the elderly on policies and programmes that affect their lives. Governments are also urged to encourage and, where possible, support national and private organizations dealing with matters concerning the elderly and the aging of the population.

100. All States are invited to consider designating a national "Day for the Aging" in conformity with General Assembly resolution 36/20 of 9 November 1981.

101. The International Plan of Action on Aging should be brought to the attention of the appropriate United Nations bodies responsible for preparations for the International Conference on Population (1984), so that its conclusions and recommendations could be taken into account in preparing the proposals for the further implementation of the World Population Plan of Action.

(a) Technical co-operation

102. The United Nations, and in particular the United Nations Development Programme and the Department of Technical Co-op-

eration for Development, together with the specialized agencies, should carry out technical co-operation activities in support of the objectives of the Plan of Action. The Centre for Social Development and Humanitarian Affairs should continue to promote, and provide substantive support to, all such activities.

103. The voluntary Trust Fund for the World Assembly on Aging, established by General Assembly resolution 35/129, should be used, as requested by the General Assembly, to meet the rapidly increasing needs of the aging in the developing countries, in particular in the least developed ones. The payment of voluntary public and private contribution should be encouraged. The Trust Fund should be administered by the Centre for Social Development and Humanitarian Affairs.

104. Furthermore, as requested by the General Assembly in its resolution 36/20, the Fund should be used to encourage greater interest in the developing countries in matters related to aging and to assist the Governments of these countries, at their request, in formulating and implementing policies and programmes for the elderly. It should also be used for technical co-operation and research related to the aging of populations and for promoting co-operation among developing countries in the exchange of the relevant information and technology.

105. Aging is a population issue which affects development and which requires increasing international assistance and co-operation and, therefore, the United Nations Fund for Population Activities is urged, in co-operation with all organizations responsible for international population assistance, to continue and to strengthen its assistance in that field, particularly in developing countries.

(b) Exchange of information and experience

106. The exchange of information and experience at the international level is an effective means of stimulating progress and encouraging the adoption of measures to respond to the economic and social implications of the aging of the population, and to meet the needs of older persons. Countries with different political, economic and social systems and cultures and at different stages of development have benefited from the common knowledge of problems, difficulties and achievements and from solutions worked out jointly.

107. Meetings and seminars have proved to be most valuable in providing a regional and international exchange of information and experience and should be continued. These could focus, *inter alia*, on promoting technical co-operation among developing countries and on monitoring the implementation of the Plan of Action.

108. The Centre for Social Development and Humanitarian Affairs should co-ordinate the activities of regional and subregional research and development centres in the United Nations system, promote the preparation of information materials, as well as the constant exchange of information on problems and policies related to aging and the training of personnel, and facilitate activities related to technical co-operation among developing countries in collaboration with concerned Governments and regions.

109. With respect to the exchange of information about matters concerning aging, it is essential that standardized definitions,

terms and research methodologies be developed, the United Nations should treat these matters with all due importance.

110. The United Nations bodies concerned should encourage Governments and the international community to pay special attention to developing programmes, projects and activities that will give older persons the skills, training, and opportunties necessary to improve their situation and enable them to participate fully and effectively in the total development effort. Special attention should be given to training courses in technologies that will enable older persons to continue to work in agriculture.

111. The International Plan of Action on Aging should be transmitted to the unit in the United Nations Secretariat responsible for International Youth Year (1985) in order that that unit may bring the recommendations and conclusions of the World Assembly on Aging—particularly as they relate to intergenerational matters—to the attention of national planning committees concerned with developing ideas for the Youth Year.

(c) Formulation and implementation of international guidelines

112. The appropriate organizations should undertake studies on and review periodically the effectiveness of existing international guidelines and instruments related to the subject of aging, in order to determine their adequacy in the light of changing conditions in the modern work and the experience gained since their adoption.

2. Regional action

113 Effective implementation of the Plan will also require action at the regional level. All institutions having regional mandates are therefore called upon to review the objectives of the Plan and contribute to their implementation. In this respect, a central role should be played by the United Nations regional commissions.

114. In order to carry out the above-mentioned functions, Governments members of regional commissions should take steps to ensure that their regular programme of activities take into account the problems of aging.

115. Furthermore, in co-ordination with the conduct of the international review discussed above, the regional commission should organize the periodic review of regional plans.

C. ASSESSMENT REVIEW AND APPRAISAL

116. It is essential that assessment, evaluation and review should take place at the national level, at intervals to be determined by each country.

117. Regional appraisal and review should focus on the special role regional action can play and the particular advantages it can offer in such fields as training, research and technical co-operation among developing countries.

118. It is recommended that the Commission for Social Development should be designated the intergovernmental body to review the implementation of the Plan of Action every four years to make proposals for updating the Plan as considered necessary. The findings of this exercise should be transmitted through the Economic

and Social Council to the General Assembly for consideration. To assist the Commission in its work it should be provided with periodic reports on progress made within the United Nations system in achieving the goals and objectives of the Plan. The Centre for Social Development and Humanitarian Affairs should serve as the co-ordinator of this process.

APPENDIX THREE

TRUST FUND PROJECTS APPROVED OR EARMARKED FOR FUNDING BY THE TRUST FUND FOR THE WORLD ASSEMBLY ON AGING*

Africa

Congo: The development of national policies and programmes.—The purpose of this project is to survey the conditions and needs of the elderly in the Congo and to convene a national seminar aimed at promoting awareness of aging issues and at developing a national aging policy. In addition to its own contribution to the cost of this project, the Government of the People's Republic of the Congo requested assistance which will be provided equally by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Trust Fund.

Ghana: Research on conditions and needs of older Ghanaians.—This project involves a survey of selected urban and rural areas designed to assess the conditions and needs of the elderly and the availability of resources. The objective is to recommend alternative policies and programmes in accordance with national priorities.

Malawi: An analysis of the impact of the aging population on rural development.—In view of the importance Malawi places on rural development, this project will examine the implication for socio-economic development of increasing numbers of the elderly in rural areas.

Mali: Fact-finding mission on the elderly in rural areas.—In order to gain better knowledge of the economic and social status of Mali's rural aging population, an investigation will be undertaken in selected communities. This will permit identification of the accessibility and use of existing health and social services and of needs perceived by the aging population. The results will be used as input for a national seminar of policy-makers convened to define priority areas for action.

Morocco: Development of national policies and programmes on aging.—In view of the complexity of the question of aging, a multidisciplinary team of experts from the United Nations organizations concerned (United Nations, International Labour Organization (ILO), Food and Agriculture Organization of the United Nations (FAO), UNESCO, and World Health Organization (WHO), together with national experts, will prepare a comprehensive document for a national seminar of policy-makers. This document will be based on a survey of the conditions and needs of the elderly in two pilot regions (rural and urban).

Expert group meeting on aging in the African context.—An expert group meeting with representatives from 30 African countries was convened to prepare the substantive aspects of an African intergovernmental conference which is tentatively scheduled to be held in

*Excerpted from U.N. Bulletin on Aging, Vol. III, No. 2, 1983, reporting on projects approved January–June 30, 1983.

Senegal. The expert group meeting discussed the situation of the aging in Africa and prepared a basic document on this topic. The costs of this meeting were shared by a number of sponsors, and the Trust Fund for Aging financed the participation of nine national representatives from the following countries: Congo, Ghana, Mali (2), Mauritania, Niger, Nigeria, Rwanda and the United Republic of Tanzania.

Exchange of skills programme for Africa.—The Trust Fund has earmarked resources for training local health and social-service workers in selected African countries. Intensive workshops lasting two weeks will be conducted by international and national experts. They are intended to strengthen existing service-delivery systems for the elderly. Kenya and Lesotho will be the first countries to benefit from the pilot seminars which, if successful, will be extended to other African countries.

Regional seminars.—Two pan-African seminars will be held to exchange knowledge and experience and to promote technical co-operation among developing countries. The first seminar is entitled "Aging and Integrated Rural Development" and the second "Aging and Training/Education (The Elderly as a Resource in Education)".

Asia and the Pacific

Exchange of skills programme for Asia.—Intensive seminars conducted by international and national experts will be convened to strengthen present national capabilities through model training programmes for social and health workers in the field of aging. The long-range objective of this project is to incorporate a gerontological component in national education policy. Participating countries are Bangladesh, India, the Philippines and Sri Lanka.

Western Asia

Lebanon: In-service training.—Due to the disruption of social services (including those to the elderly), caused by current events, there is an urgent need to strengthen the present service-delivery system. To this end, a seminar will be held to provide in-service training for health and social-service personnel currently working with the elderly and an additional seminar will be designed to "train trainers" in order to ensure the continuity of this programme in the country.

United Arab Emirates: Advisory mission.—The purpose of this project is to send an expert on aging to advice the Government on the development of alternative policies and programmes for the elderly based on utilizing the existing resources and institutions to the fullest extent possible.

Latin America

Bolivia: Multiple-activity centres for the elderly.—The purpose of this project is to establish four centres for the elderly in disadvantaged neighbourhoods of the city of La Paz. The objective are: (a) to bring about the integration of the elderly by making it possible for them to participate in productive activities, (b) to develop the aptitudes and skills of the elderly through socio-educational programmes; (c) to initiate and sustain among the elderly a pattern of

group living designed to contribute to their social and emotional welfare.

The national counterpart agency for this project will be the National Committee for Solidarity and Social Development under the Office of the President of the Republic, whose Department of the Elderly will be responsible for the implementation of the project.

Colombia: National conference on aging and in-service training for home-help service personnel.—The objectives of this project are to promote national awareness of the issues of aging, to establish a model in-service training programme for personnel currently providing home-help services to the elderly, and to train 30 further persons in the preparation and delivery of home health and welfare services. The first objective will be achieved through the convening of a national conference, financed by a national non-governmental organization and the remaining project components will be financed by the Trust Fund.

Needs-assessment survey of the urban elderly in Latin America and the Caribbean.—This project will examine the general health, social conditions and needs of the aging in urban areas so that member Governments can adopt or revise national policies for integrated care of the aging where necessary. Seven countries have agreed to participate in this project: Argentina, Barbados, Chile, Colombia, Costa Rica, Cuba, and Mexico. To ensure the comparability of data collected, a common methodology will be applied in each participating country. These surveys will be co-ordinated by WHO through the Pan American Health organization (PAHO). Direct and indirect costs will be involved. The Trust Fund has earmarked assistance to the seven participating countries toward the direct costs incurred.

Interregional projects

An expert group meeting on the elderly and the traditional use of medicinal plants and herbs is being planned.—The purpose of this expert group meeting is to identify the role of the aged as both users and transmitters of knowledge about traditional medicine and therapies. This project is being planned in co-operation with the United Nations Industrial Development Organization (UNIDO) which in turn will investigate the possibility of identifying substances that are amendable to industrial processing and which could be commercialized.

APPENDIX FOUR

The U.S. Appraisal: Why Was the Conference a Success?

The official report of the U.S. Delegation to the Secretary of State on September 1, 1982, listed the following contributing factors to what it described as the outstanding success of the World Assembly:

1. There was careful advance preparation by the U.N. Secretariat. Fourteen pre-conference meetings, both at the expert and at the intergovernmental level, were held in various parts of the world before the actual convening of the World Assembly. This sets a record and also provided governments with a great deal of background information for the Assembly.

2. The U.S. Secretariat staff put together, after great effort, a very solid draft Plan of Action for governments to work on.

3. U.N. Secretary-General William Kerrigan (U.S.) played an important leadership role in stimulating governmental and non-governmental interest in the conference before the meeting took place.

4. The Maltese Chairman of the 22-nation Preparatory Committee, who was elected Chairman of the Main Committee of the World Assembly on Aging, played an instrumental role in keeping delegates on track and demonstrated for all to see the key role a Chairman can play. His controversial election was well worth our strong support.

5. The Western European and Others Group was organized, experienced, and worked well together.

6. Preparations by the U.S. were also extensive and important to the success of the conference.

A. A Federal interagency committee was set up 16 months before the WAA and included (a first) staff members from both the House and Senate Committees on Aging.

B. An NGO Advisory Committee was established 16 months before the WAA and was actively involved in preparations for the Conference.

C. An outstanding U.S. National Report demonstrated U.S. leadership and interest.

D. The U.S. position on conference follow-up was spelled out six months before the Conference and made known to all countries attending the Conference through telegrams to our embassies.

E. The U.S. contributed $650,000 to a WAA Trust Fund for technical assistance to developing countries, making it the largest contributor to the Fund.

7. The fact that Secretary Schweiker agreed, six months before the conference started, to head the U.S. Delegation, telegraphed the importance the U.S. gave to this conference.

G. The President's message to the conference, as one of three heads of state addressing the meeting, again indicated the importance to the U.S.

H. The U.S. Delegation was competent and dedicated and brilliantly supported by knowledgeable, hard-working staffers.

All of these factors came together in a favorable way so that the Plan of Action could be adopted by acclamation, without reservation by any government.

APPENDIX FIVE

INNOVATIVE AGING PROGRAMS ABROAD: IMPLICATIONS FOR THE U.S.

(By Charlotte Nusberg, Greenwood Press [1])

CONCLUSION

Some countries with profiles broadly comparable to that of the United States have been more successful in abolishing poverty among their elderly and reducing some of the insecuritires that can accompany aging. This has been accomplished through national pension schemes and the provision of a system of accessible services which permit quality long-term care either in the community or in institutions. To be sure, no country is without its problems in dealing with an elderly population, and it would be hard to name an industrialized nation that is not concerned about how it will continue to meet the challenge of an aging society. However, systems of assistance that can be built upon are already in place. This is often not the case in the United States.

How have such successes been achieved elsewhere? One area at which to look is the strong role played by government in setting policies and supporting programs. This can range from the publicly financed and dominated National Health Service in the United Kingdom to the less visible guarantee of private loans for housing renovation in France. In the somewhat less individualistic societies examined in this book, government is not considered an enemy and its activities in support of the "welfare state" have largely been welcomed.

By and large, other countries have favored the creation of public universal systems of service provision rather than ones focused categorically on specific age groups, such as the elderly. Furthermore, wherever possible the trend has been in the direction of providing services according to functional need rather than on the basis of means or income tests.

A number of assumptions underlie such policies. One is the belief that in the long run, universally available services are politically more viable than narrowly focused categorical programs. If everyone thinks that he or she may one day stand to benefit from available services, the willingness to support the level of taxation required to fund such programs is likely to be enhanced. A second assumption is that universally available public services, whether directly provided by government or simply funded through it (and administered by the non-profit sector), are a more efficient and

[1] Reprinted from, "Innovation Aging Programs Abroad: Implications for the U.S.," by Charlotte Nusbert, Mary Jo Gibson, Sheila Peace, Greenwood Press, Westport, Conn. 1984. Reprinted with the permission of the publisher, copyright 1984, by the International Federation on Aging.

cost-effective way of running a system than tolerating fragmentation among public and private service providers. A more uniform system of service provision results in fewer persons' need going unmet. This is achieved in part because the persons searching for assistance have a greater understanding of how the service system works. A third assumption is that the services available to everyone in need are likely to be of higher quality than those reserved for the poor alone. Finally, it is the belief of many that providing quality health and social services is simply not compatible with the profit motive unless it can be rigorously monitored by government.

A strong role for government in the provision of services has, of course, been predicated on much higher tax rates than those to which Americans are accustomed. By and large, such tax burdens have been accepted without much complaint by the public in the realization that almost all benefit in some way from the services purchased with these outlays. Of course, high rates of taxation are much more tolerable when overall income is increasing for everyone and benefits are readily available to those eligible for them. During the current recession, a number of countries have already had to face the protests of benefit recipients whose allowances were threatened by budget retrenchments. Acquired rights do tend to become "sacred" rights, and where benefit levels are relatively high for many groups, any cutbacks will be politically volatile.

Thus far, with some exceptions, benefits for the elderly have largely remained intact. Where economies have been introduced in national pension systems, they have focused mainly on limiting or delaying the expansion of benefits rather than on reducing existing benefits. In some countries older people are being asked to pay something towards their health insurance premiums, which may not have been the case before. In others, higher user fees are being imposed for social services. And almost everywhere, there is increased emphasis on using volunteers and making better use of family and neighbors in the care of the elderly. Cost-effectiveness studies are now being performed with greater frequency, and considerable attention continues to be focused on finding community alternatives to institutional care.

What, however, if the recession deepens and continues for a much longer period of time? Can the welfare state be sustained? Signs of erosion are already apparent in countries such as Canada, the United Kingdom and the Federal Republic of Germany. The evidence to date is inconclusive. In the short run there are a number of alternatives that can be pursued, while keeping intact the systems that have been developed for the return of more affluent times. For example, higher user fees can be charged or services can be limited to those in greatest need. In the long run, of course, greater selectivity in providing services may undermine the political support that has permitted the high taxation rates which fund universal service systems.

Current economic pressures aside, the welfare state has come under other kinds of criticism as well. Some consider it detrimental to personal initiative; in several of the Scandinavian countries, for example, there are few volunteers engaged in providing social services. In the United Kingdom, some critics have described existing service provision as both inadequate and too expensive.

Despite signs of trouble in the welfare states, theirs has still been a remarkable achievement. Most of the industrialized countries discussed in this book already have a larger proportion of older persons than does the United States. In fact, the United States won't share the demographic profile of many European countries, which have 14–15 percent of their population 65 and older, until well into the next century. The welfare states have shown that there are humane and practical ways to meet the challenges posed by aging populations.

How does the United States compare? Certainly it shares similar policy goals with other countries. There is practically a universal consensus among industrialized countries about the desirability of permitting older people to stay on in their own homes for as long as possible, providing them with options in major life decisions, and encouraging their integration into the larger society. Where countries differ from each other is the extent to which these lofty policy goals are translated into programs.

Many of the policies and programs described in this book can, in fact, be found in the United States as well. However, there is greater likelihood that they may be available only in a few states or localities, or on an experimental basis. Few have become the basis for nationally based, universal programs. The result is that, with the exception of Social Security and Medicare, service provision for the elderly is quite uneven across the country and from locality to locality. Even in the areas of income security and health care coverage, the U.S. experience differs considerably from that of other countries. The United States is unique among industrialized nations in the extent to which it limits its revenue sources for Social Security to employer/employee contributions, and it is one of the few industrialized countries which has neither a national health service nor a national health insurance program for the general population. Americans remain very poorly protected against the costs of chronic illness.

Many factors account for the slower development of the welfare state in the United States, including this country's complex federal structure; the difficulties involved in political decision-making resulting from a very heterogeneous population, poorly disciplined political parties and the separation of powers; a distrust of governmental power; confidence in the ability of the private sector, both for-profit and non-profit, to meet many social welfare needs; a tradition of relatively low taxes; and a strong sense of responsibility on the part of individuals for their own circumstances.

At the same time, there are areas in which other countries have looked to the United States for leadership in the field of aging. For example, it is the United States which took the lead among western nations in raising the age at which mandatory retirement could be imposed for the majority of employees, and in promoting both pre-retirement education and higher educational opportunities for the elderly. And in both basic and applied research in gerontology, the United States remains at the forefront.

The United States probably also has the most extensive network of organizational representation of the elderly, through pensioners' groups or more broadly based organizations such as the AARP and the National Council of Senior Citizens. A high proportion of older

persons continues to be active as volunteers in service both to each other and to the larger community. Thus, to some extent, opportunities to remain active in retirement are richer and more varied in the United States than in other societies.

Despite these stengths, the likelihood of finding older persons living in squalid or life-threatening conditions is still too common in the United States. This is true for older persons living in both the community and in institutional forms of care. While our rhetoric regarding the importance of family care for the elderly has become pretty sophisticated, follow-up action to assist families and others in this task has not been forthcoming. And for too many older individuals with no family carers available, a range of community services to enable them to continue living independently at home simply does not exist. For older persons who must live under institutional forms of care, incidents of abuse seem to be reported more frequently where the for-profit sector plays a dominant role in nursing home provision and is subject to relatively weak public control.

While these matters are already of considerable concern to many today, they are likely to become even more pressing in the years ahead. The U.S. populaton is continuing to age, and the population most in need of services—those over age 80—is the most rapidly growing age group. At the same time, the number of adult daughters available to take care of older parents will be fewer because of both lower fertility among some cohorts of future older persons and increased labor force participation by women. Thus, unless the pattern of chronic illness in old age changes dramatically for the better, the need for public service provision is likely to increase. And older persons of the future, many of whom will have been acculturated to expect greater service provision from the public sector, are likely to be more demanding of quality care than was the case with earlier generations, who were politically more passive.

At present, the United States does not have a coherent national policy towards its elderly. Pressures to develop one can only increase. In many ways, the United States is in a fortunate position to develop such a policy. It remains one of the richest countries in the world, richer than many of the countries discussed in this book. And its public retains much good will towards the elderly. This is reflected in public opinion polls, which have shown the public as believing that the government should do more for the elderly and as having a concomitant willingness to pay higher taxes in order to make needed benefits available to them. The United States also still has some time before it in which to plan policy before the number of older persons reaches the same proportion as now exists elsewhere. And finally, the United States can learn from the experience of other countries where, in many ways our future may presently be reflected.

While the United States may not wish to go as far as other countries have in the degree of government involvement in social welfare matters or the level of taxation that is imposed, some move in this direction seems to be necessary in developing a national policy for the elderly. Our lack of action thus far can be explained more

easily by failure of political will than by lack of economic resources.

A range of programs and policy options have been described in the preceding chapters which, even with today's economic constraints, could help to improve the lives of many older persons, yet do not carry high costs. But a few are—

(1) Consideration of earnings splitting and voluntary contributions for Social Security;

(2) Encouragement of grass-roots-based "adjustment" groups in large firms to improve conditions of older worker employment;

(3) Dissemination of information on successful models for a phased retirement;

(4) Facilitating the construction of "granny annexes" and providing loan guarantees to stimulate housing for the elderly;

(5) Dissemination of information about the aging process and care of the elderly to family members and other informal care providers;

(6) Consideration of a specialty of geriatric medicine and short-term geriatric treatment and rehabilitation centers;

(7) Encouragement of the formation of interdisciplinary assessment teams to diagnose the health conditions and social situations of older persons;

(8) Promotion of one-step service centers where older persons and their families can seek and obtain assistance;

(9) Mobilization of non-traditional personnel, such as postmen and others in helping to watch over vulnerable older persons; and

(10) Encouragement for broader use of the media for pre-retirement education and education directed at improved self-care, as well as self-actualization.

The opportunities are great and so are the costs of not acting.

○